

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90028 036 \*\*\*150.00

DOCUMENT # P02000066668

1. Entity Name  
KHAN'S OF PALM BAY, INC.



Principal Place of Business      Mailing Address  
~~860 JUPITER BLVD NW UNIT 2~~      ~~860 JUPITER BLVD NW UNIT 2~~  
~~PALM BAY, FL 32907~~      ~~PALM BAY, FL 32907~~  
640 EMERSON DRIVE NW PALM BAY, FL 32907

66414400



03292004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
01-0715861      Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KHAN, RAHMAN U  
~~860 JUPITER BLVD NW UNIT 2~~  
~~PALM BAY, FL 32907~~  
640 Emerson Drive NE  
Palm Bay, 32907

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing      ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | D                  |
| NAME           | KHAN, RAHMAN U     |
| STREET ADDRESS | 640 EMERSON DR NE  |
| CITY-ST-ZIP    | PALM BAY, FL 32907 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:      Date: 4-16-04      Daytime Phone #