

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90016 004 ***150.00

DOCUMENT # P02000072238	
1. Entity Name KALAMODEEN JUMAN, DDS, P.A.	

Principal Place of Business 8890 WEST OAKLAND PARK BLVD SUITE 203 SUNRISE, FL 33351	Mailing Address 8890 WEST OAKLAND PARK BLVD SUITE 203 SUNRISE, FL 33351
--	--

66420603



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1643912	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent JUMAN, KALAMODEEN 8890 WEST OAKLAND PARK BLVD SUITE 203 SUNRISE, FL 33351

**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 resigning) DATE _____

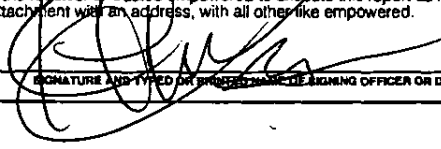
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JUMAN, KALAMODEEN
STREET ADDRESS	400 N HIATUS ROAD STE 205
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	Please use current address.
NAME	8890 W. Oakland Park Blvd
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Suite 203
NAME	
STREET ADDRESS	Sunrise FL 33351
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)(i), 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:  owner/President 954 741-9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #