2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
04-21-2004 90016 004 ***150.00

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1. Entity Name
KALAMODEEN JUMAN, DDS, P.A.

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

DO NOT WRITE IN THIS SPACE

03262004 No Chg-P CR2E034 (10/03)

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
NAME	Please use current address.
STREET ADDRESS	8890 W. Oakland Park Blvd
CITY-ST-ZIP	
TITLE	
NAME	Suite 203.
STREET ADDRESS	
CITY-ST-ZIP	Sunrise FL 33351.
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)(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 #