FILED
May 18, 2004 8:00 am
Secretary of State
04-13-2004 90040 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075788

1. Entity Name
JOSAN INTERNATIONAL, INC.

Principal Place of Business
266 WILSHIRE BLVD STE 127
CASSELBERRY, FL 32707

Mailing Address
266 WILSHIRE BLVD STE 127
CASSELBERRY, FL 32707

66422538

04062004 Chg-P CR2E034 (10/02)

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country
3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 14-1878572 Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SINGH, AVTAR
266 WILSHIRE BLVD STE 127
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SINGH, AVTAR 266 WILSHIRE BLVD STE 127 CASSELBERRY, FL 32707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 238 WILSHIRE BLVD SUITE 149, CASSELBERRY, FLORIDA 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KAUR, DALJIT 266 WILSHIRE BLVD STE 127 CASSELBERRY, FL 32707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 238, WILSHIRE BLVD, SUITE 149 CASSELBERRY, FLORIDA, 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-4-2004 407-263-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fax 407-263-3005

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