

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-11-2005 90048 048 ***150.00

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| DOCUMENT # P02000078625 1. Entity Name SOLAR GOD'S TANNING, INC. | | | | | | |
| Principal Place of Business 6919 US HWY 301 SOUTH, STE 103 RIVERVIEW FL 33569 | | | Mailing Address 6919 US HWY 301 SOUTH, STE 103 RIVERVIEW FL 33569 | | | |
| 2. Principal Place of Business 6919 U.S. 301 S. | | 3. Mailing Address P.O. Box 18162 | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State Riverview FL | | City & State TAMPA FL | | 4. FEI Number 56-2287360 | | |
| Zip 33569 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| Zip 33679 | | Country U.S.A. | | Applied For <input type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent ARFAN FAROOQI P.O. BOX 18162 TAMPA FL 33679 | | | | 7. Name and Address of New Registered Agent Name ARFAN FAROOQI Street Address (P.O. Box Number is Not Acceptable) 6919 U.S. 301 S. City RIVERVIEW FL Zip Code 33569 | | |
| 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 <u><i>Arfan Farooqi</i></u> (NOTE: Registered Agent signature required when registering) DATE _____ | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT FAROOQI, ARFAN M 6919 US HWY 301 SOUTH, STE 103 RIVERVIEW FL 33569 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS FAROOQI, UZMA A 6919 US HWY 301 SOUTH, STE 103 RIVERVIEW FL 33569 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Arfan Farooqi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>2-05-05</u> | | (813) 786-1895 <small>Daytime Phone #</small> | |