2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NASIMA ALTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 27, 2004 08:00 AM Secretary of State DOCUMENT # P02000091049 PETTER, INC. Principal Place of Business Mailing Address 4451 PETERS ROAD 4451 PETERS ROAD PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 05022004 Chg-P CR2E034 (10/03) City & State City & State 4. FE Number Applied For 54-2069004 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KABIR, MOHAMMED H Street Address (P.O. Box Number is Not Acceptable) 3031 W. DAVIE BLVD, FORT LAUDERDALE, FL 33312 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 NASIMA AKTER. (NOTE. Registered Agent signature required when reinslating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition AKTER, NASIMA MAME NAME U00000171000 08/27/04-80001-013 150.80 STREET ADDRESS 4451 PETERS ROAD STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CHY-ST-71P ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP THE ☐ Relate BUS Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TIBE TITLE Change ____Addition MAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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

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