

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90004 043 ***150.00

DOCUMENT # P02000098132

1. Entity Name
TOURAM SPICES, CORP.



Principal Place of Business

~~3071 SW 27 AVE~~ 9701 NW 4TH LN
~~APT 8~~
~~MIAMI, FL 33133~~ MIAMI, FL 33172

Mailing Address

~~3071 SW 27 AVE~~ 9701 NW 4TH LN
~~APT 8~~
~~MIAMI, FL 33133~~ MIAMI, FL 33172

04058008



06152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1279649

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YARBOUT, NEDAL H

~~3071 SW 27 AVE~~ 9701 NW 4TH LN
~~APT 8~~
~~MIAMI, FL 33133~~ MIAMI, FL 33172

**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

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME YARBOUT, NEDAL H
STREET ADDRESS ~~3071 SW 27 AVE APT 8~~ 9701 NW 4TH LN
CITY-ST-ZIP ~~MIAMI, FL 33133~~ MIAMI, FL 33172

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #