

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90123 020 \*\*\*558.75

DOCUMENT # P02000107592

1. Entity Name  
AROMA MOMENTS, INC.



Principal Place of Business  
20373 N.W. STATE RD. 73  
CLARKSVILLE, FL 32430

Mailing Address  
20373 N.W. STATE RD. 73  
CLARKSVILLE, FL 32430

**24083681**



08302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
14-1856912

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SUGGS, YOLANDA G  
20373 N.W. STATE RD. 73  
CLARKSVILLE, FL 32430

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SUGGS, YOLANDA G
STREET ADDRESS	20373 N.W. STATE RD. 73
CITY-ST-ZIP	CLARKSVILLE, FL 32430
TITLE	VD
NAME	BAWJE, PRAMOD
STREET ADDRESS	974 CANYON HEIGHTS DR.
CITY-ST-ZIP	ANAHEIM, CA-92808
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:

*Yolanda G. Suggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-04  
Date

850-674-4484  
Daytime Phone #