## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 10, 2004 8:00 am DOCUMENT # P02000118664 **Secretary of State** 1. Entity Name --02-10-2004 90017 036 \*\*\*150.00 CND INVESTMENTS, INC. Principal Place of Business Mailing Address PO BOX 1152 PO BOX 1152 MINNEOLA FL 34755 131 WASHINGTON ST MINNEOLA FL 34755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 43-1981731 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent يهار المعطورة المعادلة G & L AGENT SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE SUITE 600 ORLANDO FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME DESAI, MITESH NAME STREET ADDRESS 131 WASHINGTON ST STREET ADDRESS MINNEOLA FL 34755 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JIMENEZ, CARLOS NAME NAME STREET ADDRESS 131 WASHINGTON ST STREET ADDRESS MINNEOLA FL 34755 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE CHITALIA, USHMA-131, WASHINGTON ST. CHITAUR, USHMA NAME STREET ADDRESS 131 WASHINGTON ST STREET ADDRESS MINNEOLA FL 34755 CITY-ST-ZIP CITY-ST-ZIP MINNEOLA FL 34755 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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. MITESH. DESAI SIGNATURE: NTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO