2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

DOCUMENT # P02000119255 1. Entity Name IMAN ENTERPRISES, INC.				05-06-2004 90173 006 ***150.00			
Principal Place	e of Business	Mailing Address	·		1	•	
· ·						• • •	
2900 ARCADIA DR 4195 NW 88 NW			00054		_		
FORT LAUDE	RDALE, FL 33351	FORT LAUDERDALE, FL	33351		1		
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	*					#	
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)		
					OFIZE004 (10/00)		
City & State	e	City & State		4. FEI Number	Applied For		
					05-0542270	Not Applicable	
Zip	Country	Zip	Country			¢0.75	
	Journey 1	1	o o a no y		5. Certificate of Status Desir	ed Fee Required	
<u> </u>	6. Name and Address of Current	Desintered & sout			7 Name and Address of N	· · · · · · · · · · · · · · · · · · ·	
	6. Name and Address of Current	Hegistered Agent			7. Name and Address of N	w negistered Agent	
DOLUBY CO.	LAMAD		I NE	Ine Jose	CAH K. NOFIL	PA.	
BOURYOU			St	Street Address (P.O. Box Number is Not Acceptable)			
2900 ARC				3284 NONTH STATE ROAD 7			
MIRAMAR	, FL 33023			, .	0 0 1 1 2 2 7		
•	• •						
	• •		,Çi	ty		FL Zip Code	
, Age			14	4UDER PA	ALL LAKES red agent, or both, in the State	Г ⊾ 333/9	
		r the purpose of changing its	registered of	fice or register	red agent, or both, in the State	of Florida. I am familiar with, and accept	
the obligat	tions of registered agent.						
						1/27/23	
SIGNATURE	Signature, typed or printed name of egistered agent	ALOTE	. D. elekarası A		d when roinstating)		
	Signature, typiko or printeti niime or agistered agent	and the sappicable. (NOTE	: negislurou Ager	ป อเนินจเกะด เลนกะเลง	u wireu tollustatisti)		
v FIL	E NOW!!! FEE IS \$150.00	9. Election Campai			.00 May Be	•	
After Ma	ay 1, 2004 Fee will be \$550.	OO Trust Fund Contr	ibution.	∐ Add	led to Fees		
10	OFFICERS AND	DIDECTORS	144		ADDITIONS (OF ANIOCO TO	OFFICERS AND DIRECTORS IN 44	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
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STREET ADDRESS	2900 ARCADIA DRIVE		STREET ADI	DRESS			
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CIGNATURE.

CITY-ST-ZIP

0.000

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-152004

Daytime Phone #