## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 22, 2004 8:00 am **Secretary of State DOCUMENT # P03000054845** 1. Entity Name 03-22-2004 90084 014 \*\*\*158.75 K3H ENTERPRISES, INC. Principal Place of Business Mailing Address 760 COOPER FARM WAY 760 COOPER FARM WAY 14000537 DULUTH, GA 30097 DULUTH, GA 30097 2. Principal Place of Business 248 MAIN 3. Mailing Address Suite, Apt. #, etc. 02292004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Numbe 02-069276 Not Applicable 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ■ Addition KHERAJ. BADRUDDIN KHERAJ, BADRUDDIN NAME NAME 760COOPER FARM WAY 760 COOPER FARM WAY STREET ADDRESS STREET ADDRESS BULUTH, GA. 30097 **DULUTH, GA 30097** CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE Change Maddition NAME KARIMI, HABIBULLAH NAME KARIMI, HABIBULLAH 2501 LAWRENCEVILLE A DECATUR GA. 30033 P7#6 3402 LAKERIDGE LANE STREET ADDRESS STREET ADDRESS HWY DUNWOODY, GA 30338 CITY-ST-ZIP CITY-ST-ZIP DECATUR GA. ☐ Delete TIFLE ☐ Change ☐ Addition PER EL MITTERAL NAME NAME Pintell STREET ADORESS STREET ADDRESS LUP CEBINE CALL CITY-ST-ZIF CITY-ST-7IP ☐ Chance Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS 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 supplier entering 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 the 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. KHERAJ 3-10-04 678-687-4132 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED