

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/2004-90299-050-\$150.00-\$150.00


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33000000



01232004 Chg-P CR2E034 (10/03)

DOCUMENT # P03060058446					
1. Entity Name PARKLAND FOOD AND BEVERAGE, INC.					
Principal Place of Business 7391 NORTH STATE ROAD SEVEN PARKLAND, FL 33073			Mailing Address 7391 NORTH STATE ROAD SEVEN PARKLAND, FL 33073		
2. Principal Place of Business			a. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 81-0619467	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SARKAR, SADHAN 4144 NW 41 DR COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renesting)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SARKAR, SADHAN	NAME			
STREET ADDRESS	4144 NW 41 DR	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MODAK, DILIP K	NAME			
STREET ADDRESS	4144 NW 41 DR	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUPTA, RAJIT D	NAME			
STREET ADDRESS	4144 NW 41 DR	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 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: <i>Sadhan Sarkar</i>		Date: <i>4-22-04</i>		Daytime Phone: <i>954 969-1907</i>	

return by post office