## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

P03000059904 **DOCUMENT # P03000059904** 04 AUG 16 PN 12: 24 JCC OF PALM BEACH ENTERPRISES, INC. -SECHE WARY OF STATE TALLAMASCHE FLORIDA 54067086 Mailing Address Principal Place of Business 2755 S. FEDERAL HIGHWAY. 2755 S. FEDERAL HIGHWAY **BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL: 33435** 3. Mailing Address 2. Principal Place of Business Suite, Apl. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07292004 -Applied For City & State City & State 4. FEI Number *-900--08*6 - Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent **RAHMAN** JAFAR, MOHAMMED A Street Address (P.O. Box Number is Not Acceptable) 2755 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 2755 SOUTH FEDERAL HWY BOYNTON 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 familier the obligations of registered agent. SIGNATURE \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the g. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change VD TITLE TITLE ☐ Delete RAHMAN, MOHAMMED M NAME NAME STREET ADDRESS STREET ADDRESS 2755,S: FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Deleta 🗆 TITLE CHOWDHURY, RAFIQUL I NAME NAME STREET ADDRESS STREET ACCRESS 2755 S. FEDERAL HIGHWAY . CITY - ST - 7JF BOYNTON BEACH, FL 33435 CITY\_ST-ZIP\_ ☐ Addition ☐ Change ☐ Delete TITLE INLE CHOWDHURY, MOHAMMAD G NAME NAME 2755 S. FEDERAL HIGHWAY STREET ADORESS STREET ADDRESS BOYNTON BEACH, FL 33435 CITY-ST-2IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CRY-SI-ZP 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 cath; 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.

MOHAMMED MAFIZUR RAHMAW)

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: OKahman

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