

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90010 006 ***550.00

DOCUMENT # P03000065663

1. Entity Name
AJ SEAFOOD & GROCERY, INC



Principal Place of Business
**6593 N.W. 1ST CT.
MARGATE, FL 33063**

Mailing Address
**6593 N.W. 1ST CT.
MARGATE, FL 33063**

24082295



07132004 Chg-P CR2E034 (10/03)

4. FEI Number **76-0735438** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VARMA, ANAND
6593 N.W. 1ST CT.
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name **SHARMINI D. RAMHARRAK**

Street Address (P.O. Box Number is Not Applicable)
6593 NW 1ST COURT

City **MARGATE** FL Zip Code **33063**

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 **SHARMINI D. RAMHARRAK** *Sharmini Ramharrak* **8-30-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **VARMA, ANAND**
STREET ADDRESS **6593 N.W. 1ST CT.**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SHARMINI D. RAMHARRAK**
STREET ADDRESS **6593 NW 1ST CT. MARGATE, FL 33063**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Sharmini Ramharrak** **8-30-04** **(954) 590-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #