


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

08-30-2004 90010 006 \*\*\*550.00

<b>DOCUMENT # P03000065663</b>					
1. Entity Name <b>AJ SEAFOOD &amp; GROCERY, INC</b>					
Principal Place of Business <b>6593 N.W. 1ST CT. MARGATE, FL 33063</b>		Mailing Address <b>6593 N.W. 1ST CT. MARGATE, FL 33063</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>76-0735438</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VARMA, ANAND 6593 N.W. 1ST CT. MARGATE, FL 33063</b>			7. Name and Address of New Registered Agent		
			Name <b>SHARMINI D. RAMHARRAK</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>6593 NW 1ST COURT</b>		
			City <b>MARGATE</b> FL <b>33063</b>		
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 <b>SHARMINI D. RAMHARRAK</b>		<i>Sharmini Ramharrak</i>		DATE <b>8-30-04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARMA, ANAND</b>		NAME	<b>SHARMINI D. RAMHARRAK</b>	
STREET ADDRESS	<b>6593 N.W. 1ST CT.</b>		STREET ADDRESS	<b>6593 NW 1ST CT. MARGATE, FL 33063</b>	
CITY-ST-ZIP	<b>MARGATE, FL 33063</b>		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		
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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>Sharmini Ramharrak</i>		<b>8-30-04</b>		<b>(954) 590-2700</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

24082295



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