

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-30-2004 90333 026 ***150.00

66427503



DOCUMENT # P03000075782 1. Entity Name ANIRBAN INCORPORATED																																	
Principal Place of Business 5235 W COLONIAL DRIVE ORLANDO, FL 32808			Mailing Address 5235 W COLONIAL DRIVE ORLANDO, FL 32808																														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. 911 E. Oakland Park Blvd City & State Oakland Park, Fl Zip 33334 Country USA																															
4. FEI Number 04242004 Chg-P CR2E034 (10/03)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KABIR, MD M 5235 W COLONIAL DRIVE ORLANDO, FL 32808																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Delete</td> </tr> <tr> <td></td> <td>DP KABIR, MD M</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>5235 W COLONIAL DRIVE</td> <td></td> </tr> <tr> <td></td> <td>ORLANDO, FL 32808</td> <td></td> </tr> </table>			TITLE	NAME	Delete		DP KABIR, MD M	<input type="checkbox"/>		5235 W COLONIAL DRIVE			ORLANDO, FL 32808		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>								
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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: Md. M. Kabir 4/26/2004 954-894-1916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #