


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90038 049 \*\*\*150.00

<b>DOCUMENT # P03000086149</b>	
1. Entity Name <b>BORNA'S RUG GALLERY, INC.</b>	

Principal Place of Business <b>720 LAKE GENEVA DRIVE ST. AUGUSTINE, FL 32092</b>	Mailing Address <b>720 LAKE GENEVA DRIVE ST. AUGUSTINE, FL 32092</b>
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**94058452**



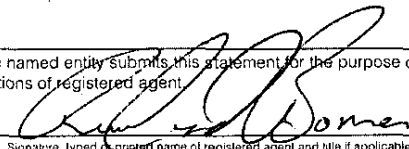
2. Principal Place of Business <b>720 Lake Geneva Dr.</b>	3. Mailing Address <b>720 Lake Geneva Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State <b>Saint Augustine Florida</b>	City & State <b>St. Augustine FL</b>
Zip <b>32092</b>	Zip <b>32092</b>
Country <b>St. Johns</b>	Country <b>St. Johns</b>

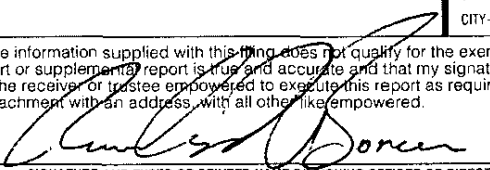
4. FEI Number <b>45-0522417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PLEIMAN, THOMAS C JR 9471 BAYMEADOWS ROAD SUITE 308 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>Rambod Borna</b> Street Address (P.O. Box Number is Not Acceptable) <b>720 Lake Geneva Dr.</b> City <b>St. Augustine FL</b> Zip Code <b>32092</b>	
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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 	DATE <b>4/19/04</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BORNA, ROMBAD 9471 BAYMEADOWS ROAD SUITE 308 ST. AUGUSTINE, FL 32092</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	<b>Rambod Borna</b> 4/19/04 (904) 230-2323
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	