

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-08-2004 90050 046 \*\*\*150.00  
P03000092778

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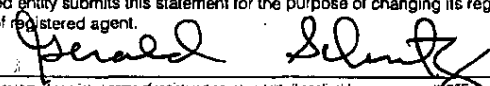
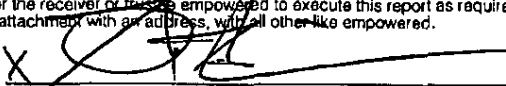
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

34028955



04022004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000092778</b>					
1. Entity Name <b>MOHI AND SON, INC.</b>					
Principal Place of Business <b>133 SW 159TH WAY SUNRISE, FL 33326</b>			Mailing Address <b>133 SW 159TH WAY SUNRISE, FL 33326</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	
				<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				7. Name and Address of New Registered Agent	
<b>MOGHANI, ALI</b> <b>5303 N DIXIE HWY</b> <b>POMPAHO BCH, FL 33064</b>				Name <b>GERALD S. SCHMITZER</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>2455 E. SUNRISE BLVD</b>	
				# 502	
				City <b>FORT LAUD</b>	FL Zip Code <b>33304</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>4/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOHI, NEGEAN</b>		NAME		
STREET ADDRESS	<b>133 SW 159TH WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE, FL 33326</b>		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOHI, NAZANEAN</b>		NAME		
STREET ADDRESS	<b>133 SW 159TH WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE, FL 33326</b>		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOHI, ZIA</b>		NAME		
STREET ADDRESS	<b>133 SW 159TH WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE, FL 33326</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	