## **2004 FOR PROFIT CORPORATION**

SIGNATURE:

## FILED ANNUAL REPORT (AR) Mar 29, 2004 8:00 am DOCUMENT # P03000093615 **Secretary of State** 1. Entity Name 03-29-2004 90541 001 \*\*\*150.00 S&R INVESTMENTS USA, INC. 03-29-2004 90541 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address **423 W VINE STREET** 423 W VINE STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741 66408536 2. Principal Place of Business 1/2 Lane 3. Mailing Address 3122 TUTLE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State OR LANDO, F City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired orana Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOSSEINI, RASOUL Street Address (P.O. Box Number is Not Acceptable) **423 W VINE STREET** KISSIMMEE FL 34741 3122 Turtle Lane 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. RASOUL HOSSEINI President rinted name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete RASOUL HOSSEMI NAME NAME 3122 Turtle lane ORLANDO, FL, 32837 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE Change SOHEILA VEISSI NAME NAME 3122 Turtle lang ORLANDO, FL, 32837 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.