

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90047 033 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000100251</b>					
<b>1. Entity Name</b> OMSHRI ENTERPRISES, INCORPORATED					
<b>Principal Place of Business</b> 2401 NORTH OCEAN BOULEVARD FORT LAUDERDALE FL 33305			<b>Mailing Address</b> 2401 NORTH OCEAN BOULEVARD FORT LAUDERDALE FL 33305		
<b>2. Principal Place of Business</b> 3801 N. Ocean Blvd. Suite, Apt. #, etc. Fort Lauderdale, Fla City & State		<b>3. Mailing Address</b> 3801 N. Ocean Blvd. Suite, Apt. #, etc. Fort Lauderdale City & State Fla			
Zip 33308	Country Broward	Zip 33308	Country Broward	<b>4. FEI Number</b> 02-0709224	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CHHABRA, NARENDER 2401 NORTH OCEAN BOULEVARD FORT LAUDERDALE FL 33305			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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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<b>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.</b>					
<b>SIGNATURE:</b> _____			4/8/2004 (954) 907-4757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		