## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

ANNUAL REPORT						_ Secretary of State					
DOCUMENT # P03000100466						04-29-20	04 90292	2 009 ***	<b>*15</b> 0.00		
1. Entity Name BIG TOMATO OF NORTH BROWARD INC.					i						
Principal Plac	e of Business	Mailing Address				42017	JJZ				
-1832 N FEDERAL HIGHWAY - DELRAY BEACH, FL 33483 US		1832 N FEDERAL HIGHWAY Delray Beach, Fl 33483		US			er maner beginner	-			
DELINI DEN	(II, IL 33403 U3	DECRAT BEAGI, TE 3	3403	03		ائدت. الکار رابعه مروع (زاراز معرور	n jidh kalif dali	M BIBM OMA BI	Hita a 1891		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012004	Chg-P	CR2E03	34 (10/03)			
City & State		City & State		<u></u>	- 5/V 24/ )			pplied For	-		
Zip	Country	Zip	Coun	ntry	1	of Status Desired	<u> </u>	\$8.75 Add	litional	1	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R				-	
JANGDA, MOHAMMED A				Name			_		-		
801 SW 96	OTH AVE			Street Address (	Street Address (P.O. Box Number is Not Acceptable)						
PEMBRON	KE PINES, FL 33025					,				1	
				City			FL	Zip Cod	9	7	
	named entity submits this statement f	or the purpose of changing it	s register	ed office or register	red agent, or bot	h, in the State of Flo	rida. I am f	amiliar with,	and accept	1	
	tions of registered agent.	والمستحوض يحتسمون			to a second	<del></del>					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO	TE: Registere	d Agent signature required	when reinstating)		DATE			-	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Camp Trust Fund Cor			.00 May Be led to Fees						
-10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11	_	
TITLE NAME	P -	☐ Delete	TITU					☐ Change	Addition Addition		
STREET ADDRESS	JANGDA, MOHAMMED A 801 SW 96TH AVE		NAM STRE	EET ADDRESS							
CITY-ST-ZIP	PEMBROKE PINES, FL 33025			'-ST-ZIP						_	
TITLE NAME	VP MUJTABA, MUHAMMED	☐ Delete	TITLI NAM	1				☐ Change	Addition Addition		
STREET ADDRESS	583 WEST PALM AIRE DR		STRE	EET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH, FL 33069			'-S1-ZIP			· · · · · · · · · · · · · · · · · · ·	Channe	- Addition	-	
TITLE   NAME		☐ Delete	TITLI	,				Change	Addition		
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP		☐ Delete	TITL	-ST-ZIP				☐ Change	☐ Addition	-	
NAME		₩ Delete	NAM	1				overlige			
STREET ADDRESS				EET ADORESS '-St-Zip							
TITLE		Delete Delete				~~		☐ Change	☐ Addition	1	
NAME			NAM	1E		سن نه	ے سرسوب	ç≈ <del>addu</del> .	المراسمين الم	= <= 75 € ±==	
STREET ADDRESS CITY-ST-ZIP				EET AODRESS '-ST-ZIP							
TITLE		☐ Delete	TITL	E				☐ Change	Addition	1	
NAME STREET ADDRESS			NAM Stre	TE EET ADDRESS							
CITY-SI-ZIP				r-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

4/17/01

Daylime Phone #

ADDUL JANGOB