

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90247 050 ***150.00

DOCUMENT # P03000150126

1. Entity Name

CROWN MAGAZINE, INC.



Principal Place of Business

91 S.W. 12TH WAY
BOCA RATON FL 33486

Mailing Address

91 S.W. 12TH WAY
BOCA RATON FL 33486

2. Principal Place of Business

10352 NW 55TH ST.

Suite, Apt. #, etc.

3. Mailing Address

10352 N.W. 12TH WAY

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33351-8700

Country

U.S.A

City & State

SUNRISE FL 333

Zip

33351-8700

Country

U.S.A

4. FEI Number

90-0124882

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOSHMAND, NADER
91 S.W. 12TH WAY
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

KYVAN OSHIDARY

Street Address (P.O. Box Number is Not Acceptable)

20010 N.W. 2ND ST.

City

PEMBROKE PINES

FL

Zip Code

33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME HOOSHMAND, NADER H
STREET ADDRESS 91 S.W. 12TH WAY
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ Delete
NAME OSHIDARY, KAYAN KYVAN
STREET ADDRESS 20010 N.W. 2ND STREET 20010
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME JMALI, MOHAMMAD
STREET ADDRESS 331 N.W. 78TH TERR BLDG 31, APT 204
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition
NAME OSHIDARY, KYVAN
STREET ADDRESS 20010 N.W. 2ND ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME JAMALI, MOHAMMAD
STREET ADDRESS 331 NW 78TH TERR BLDG 31 APT 204
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4-14-04

Date

954-578-2506

Daytime Phone #