## 2004 FOR PROFIT CORPORATION

## Aug 23, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000001933 08-23-2004 90012 034 \*\*\*158.75 1. Entity Name NIGEL RAMDASS CARPET SERVICES INC Principal Place of Business Mailing Address 1106 LAKE GENEVA DRIVE 1106 LAKE GENEVA DRIVE 54069267 LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2. Principal Place of Business 3. Mailing Address 1106 LAKE GENEVA DR SAME Suite, Apt. #, etc. 08122004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 41-2092259 AKE WORTH Not Applicable - Country--\$8:75-Additional-5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMDASS, SUSHAKALA V Street Address (P.O. Box Number is Not Acceptable) 1106 LAKE GENEVA DRIVE LAKE WORTH, FL 33461 Zip Code 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 Agant signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE NAME RAMDASS, NIGEL V NAME STREET ADDRESS 1106 LAKE GENEVA DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 CITY - ST - ZIP ☐ Delete TITLE TITLE Change ☐ Addition RAMDAŠS, SUSHAKALA V NAME STREET ADDRESS 1106 LAKE GENEVA DRIVE STREET ADDRESS LAKE WORTH, FL .33461 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE - - Dalete TITLE Change [ ]-Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

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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 561-

632-2768 SIGNATURE: Daytime Phone #

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