## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

2005 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Feb 17, 2005 8:00 am				
DOCUI  1. Entity Nam  SUBARN				Secretary of State 02-17-2005 90021 049 ***150.00					
Principal Place	e of Business								
1650 NE 135 N MIAMI, FL	5TH STREET #309 33181	1650 NE 135TH STREET #309 N MIAMI, FL 33181			40019602				
2. Principal Pl	w 54 ST	S4ST							
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		021	02102005 Chg-P CR2E034 (10/03)				
	ERCITY FL	City & State COOPER CITY FL.		4. FF	El Number <b>2</b> 0 - 111	3801	No	oplied For tt Applicable	
Zip 333	28 Country	Zip 3332-8	Country	5. C	ertificate of Sta	tus Desired	See Required		
	6. Name and Address of Current	Registered Agent	Name				gistered Agent		
MAJUMDER, RATANMA					AJUMDER, RATAN- P.O. Box Number is Not Acceptable)				
1650 NE 135TH STREET #309 Street Address (I									
			33	<del>328</del> /	0424	SW 5	<del></del>		
				OPER	CMY		FL Zip Code	22 <i>5</i> 7	
<ol><li>The above the obligat</li></ol>	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or	registered age	ent, or both, in t	ne State of Flori	da. I am familiar with,	and accept	
SIGNATURE_	& Vatory lat M	alledon -	AN MA	TUMDER			2-11-0 DATE		
Old to the L	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signat	ure required when re-	nstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.4	9. Election Campai Trust Fund Cont		\$5.00 M Added to F					
10.	OFFICERS AND	DIRECTORS	11.	ADI	DITIONS/CHAI	IGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME	DP MAJUMDER, RATAN	☐ Delete	TITLE NAME	DP	DER, RI	ATAN	Change	☐ Addition	
STREET ADDRESS	1650 NE 135TH STREET #309		STREET ADDRESS	10424	SW 5	4 51	2225	ĺ	
CITY-ST-ZIP	N MIAMI, FL 33181		CITY-ST-ZIP	COOPE	e city	FL		Addition	
TITLE NAME		☐ Delete	TITLE NAME.				☐ Change	C Aggingin	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP		Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS. CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	-	•	~	. <del> </del>		
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS			STREET ADDRESS	1			•	- [	
CITY-ST-ZIP			CITY-ST-ZIP			W	☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME	] .			□ cuands	C Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-7IP						
CITY-ST-ZIP	certify that the information supplied with	n this filing does not qualify to	r the exemption sta	ted in Section 1	119.07(3)(i). Flo	rida Statutes. I	further certify that the i	nformation	
indicated	certify that the information supplied will don this report or supplemental report i rporation or the receiver or trustee emp l, or on an attachment with an address,	s true and accurate and that i owered to execute this report	my signature snail r as required by Ch.						