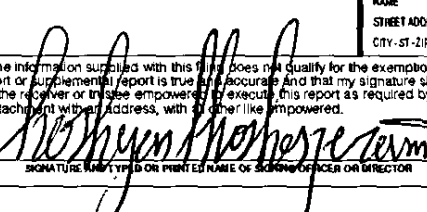


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025215			
1. Entity Name JAHAN IMPORTS, INC.			
Principal Place of Business 1149 DUNCAN DR. WINTER SPRINGS, FL 32708		Mailing Address 1149 DUNCAN DR. WINTER SPRINGS, FL 32708 20	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number: 59-3241236	
		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHOSHESPERAM, HUSHYAR 1149 DUNCAN DR. WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME D KHOSHESPERAM, JAVAD STREET ADDRESS 1149 DUNCAN DR. CITY-ST-ZIP WINTER SPRINGS, FL 32708		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME D KHOSHESPERAM, HOSHYAR STREET ADDRESS 1149 DUNCAN DR. CITY-ST-ZIP WINTER SPRINGS, FL 32708		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete 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 form does not qualify for the exemption stated in Section 199.07(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: 		4.252003	
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	

10090120

CR2034 (10/02)