## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

larsha

## Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # P94000035228 1. Entity Name 02-12-2004 90009 033 \*\*\*150.00 VARSHA ENTERPRISES, INC. CHANGE Principal Place of Business Varsha Enterprises Inc. 350 W INDIANTOWN RD 500 Commerce Way West 44010768 JUPITER FL 33458 Unit #4 Jupiter, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0490647 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKIN SHAH RASKIN, SHAH PA Street Address (P.O. Box Number is Not Acceptable) 4069-CHENEY HWY TITUSVILLE FL 32780 CHENEY 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. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE PD SHAH VARSHA & TITLE Addition SHAH, VARSHA NAME NAME STREET ADDRESS 350 W. INDIAN TOWN ROAD STREET ADDRESS JUPITER JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Varsha Enterprises Inc. NAME NAME 500 Commerce Way West STREET ADDRESS STREET ADDRESS Unit #4 CITY-ST-78P CITY-ST-ZIP Jupiter, FL 33458 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME: NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change 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 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.

**FILED**