

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90080 005 ***158.75

DOCUMENT # P94000042301

1. Entity Name

CIRCLE A-4, INC.



Principal Place of Business

7030 PEMBROKE RD
MIRAMAR FL 33023

Mailing Address

7030 PEMBROKE RD
MIRAMAR FL 33023

94006440



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0499503

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLIANI, RAHMAT
7030 PEMBROKE ROAD
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name **SHERALI, SHAKIL**

Street Address (P.O. Box Number is Not Acceptable)
7030 PEMBROKE ROAD

City **MIRAMAR**

FL

Zip Code
33023

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

Shakil SHAKIL SHERALI PRESIDENT.

01/21/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☒ Delete
NAME **VALLIANI, RAHMAT**
STREET ADDRESS **7030 PEMBROKE RD.**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **VP** ☐ Delete
NAME **SHERALI, SHAKIL**
STREET ADDRESS **7030 PEMBROKE RD.**
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition
NAME **SHERALI, SHAKIL**
STREET ADDRESS **7030 PEMBROKE ROAD**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **V** ☐ Change ☒ Addition
NAME **SHERALI, ROZINA**
STREET ADDRESS **7030 PEMBROKE ROAD**
CITY-ST-ZIP **MIRAMAR FL 33023**

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

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:

Shakil SHAKIL SHERALI

01/21/04 (954) 964-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #