


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

280

UNYEOUOI y P94000046228 1. Entity Name KASHMIRY & ASSOCIATES, INC.	
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Principal Place of Business 8777 SAN JOSE BLVD. BLDG. C JACKSONVILLE, FL 32217	Mailing Address 8777 SAN JOSE BLVD. BLDG. C JACKSONVILLE, FL 32217
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4. FEI Number 59-3258601	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 01/24/2004

6. Name and Address of Current Registered Agent  PETERSON, BOND & LATSHAW 3010 SOUTH THIRD ST JACKSONVILLE, FL 32250
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 01/28/04	000000022930 02/02/04-80006-004 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASHMIRY, MOHSEN 8777 SAN JOSE BLVD., BLDG C #401 JACKSONVILLE, FL
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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)(f), 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: 	Mohsen Kashmiry, President, 1/28/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	