2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCU 1. Entity Nam SHREE N	# P9500008849	91			Feb 16, 2004 08:00 AM Secretary of State				
Principal Place of Business Mailing Address 1561 N U.S. HIGHWAY 1 ORMOND BEACH FL 32174 Mailing Address 1561 N U.S. HIGHWAY 1 ORMOND BEACH FL 32174					<u> </u>		-		
2. Principal F	lace of Busin	ness	3. Mailing Address						
Suite, Apt #, etc.			Suite, Apt. #, etc.			1	MOORE CR2E034 (11	/03)	
City & State			City & State			4.	FEI Number 59-3514867		iled For Applicable
Zip			Zip Coun		ntry	<u> </u>	Fee:	75 Addit Required	ionaJ
Name and Address of Current Registered Agent Na						7, 1	Name and Address of New Registered Agen	it	
DESAI, BIPINCHANDRA R 1561 N US HWY 1 ORMOND BEACH FL 32174					Street Address	(P.O. 5	Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
Onli		EACH FL 32174			City			Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or reg						ered ag	r L		nd accept
	tions of regis	tered agent.							
SIGNATURE	Signature, typed	or printed name of registered agont	and title if applicable.	(NOTE, Registere	ed Agent signature require	ed when re	reinstating) DATE		
Afte	11 FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department o	State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added t	May Be o Fees		
10.	1	OFFICERS AND		11.		ΑĒ	DDITIONS/CHANGES TO OFFICERS AND DIR		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	1561 N US	EMANTRA! R S HWY 1 BEACH FL 32174	☐ Delete		1		U00000054402 02/16/04-80170-011 1	Change 50 . 00	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1561 N U.	PINCHANDRA R S. HIGHWAY 1 BEACH FL 32174	☐ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1561 N U.	ANLILABEN H S. HIGHWAY 1 BEACH FL 32174	☐ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1561 N U.	RMALABEN B S. HIGHWAY 1 BEACH FL 32174	☐ Delete		_			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	EMANT HAEL AVENUE I BEACH FL 33437	☐ Delete		-			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		!			Change	Addition
12. I hereby of indicated of the corchanged	certify that th l on this repo poration or th , or on an att	e information supplied with rt or supplemental report is he referver or trustee empo achment with an address,	this filing does not qualif true and accurate and the owered to execute this re- with all other like empowe	y for the exe act my signa port as requ red.	emption stated in S ture shall have the ired by Chapter 60	ection same)7, Flori	119.07(3)(i), Florida Statutes. I further certify the legal effect as if made under oath; that I am artida Statutes; and that my name appears in Blo	at the info officer o ck 10 or t	ormation r director Block 11 if

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylore Prone #

FILED