


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000051373

1. Entity Name
NILOUFAR, INC.



Principal Place of Business Mailing Address

**13899 W. DIXIE HWY.
 N. MIAMI BEACH, FL 33181** **13899 W. DIXIE HWY.
 N. MIAMI BEACH, FL 33181**



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

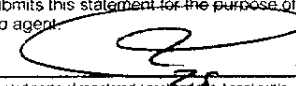
| | |
|---|---------------------------------------|
| 4. FCI Number 65-0674120 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FIROOZI, ZOYA
 1801 N.E. 140TH ST. #112
 N. MIAMI BEACH, FL 33181**

DO NOT WRITE IN THIS SPACE

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  President Zoya Firoozi 4/10/04

Signature typed or printed name of registered agent, and 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**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP FIROOZI, ZOYA 13899 W. DIXIE HWY. N. MIAMI BEACH, FL 33181 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV BADOORALLY, IGBAL 13899 W. DIXIE HWY. N. MIAMI BEACH, FL 33181 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000110845
 04/12/04-80091-019 150.00

DO NOT WRITE IN THIS SPACE

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:  4/18/04 3058920636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #