


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90178 026 \*\*\*150.00

<b>DOCUMENT # P97000043400</b> 1. Entity Name NURANI ENTERPRISES, INC.	
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Principal Place of Business 18818 S. DIXIE HWY. PERRINE, FL 33157	Mailing Address 18818 S. DIXIE HWY. PERRINE, FL 33157
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94069412



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0756942	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  KHAN, ABDUR R 18818 S. DIXIE HWY PERRINE, FL 33157
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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"/> <b>\$5:00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAGUE, ABUL K.M. 1134 E. MOWRY DR., APT. #203 HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ISLAM, MANZURUL 12693 TORBAY DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KHAN, ABDUR R 1757 S. CURLEW LANE HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-378-8923