

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90044 045 ***150.00

DOCUMENT # P97000095661
 1.. Entity Name
YASRAJ ENTERPRISES, INC.



Principal Place of Business Mailing Address
4100 N. POWERLINE RD. **4100 N. POWERLINE RD.**
M-4 **M-4**
POMPANO BEACH FL 33073 **POMPANO BEACH FL 33073**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0821887 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAKHANI, BAHADURALI
1146 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
 Name **James B. Lyon, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
3300 University Drive, Suite 802
 City **Coral Springs** **FL** Zip Code **33065**

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]* DATE: **FEBRUARY 20, 2004**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	FURSTEI, ARNOLD	
STREET ADDRESS	8255 THAMES BLVD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOORHAMAD, KASAM	
STREET ADDRESS	1377 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAHADURAL, LAKHANI	
STREET ADDRESS	10360 NW 13TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAHADURALI, RAJWANY	
STREET ADDRESS	5166 NW 125TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAJWANY, BADRUDDIN	
STREET ADDRESS	5166 NW 125 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLUSSADO, GARY	
STREET ADDRESS	22807 STATE RD 7	
CITY-ST-ZIP	BOCA RATON FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURSTEIN, ARNOLD	
STREET ADDRESS	8255 Thames Blvd.	
CITY-ST-ZIP	Boca Raton, FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASAM, NOORMOHAMMAD	
STREET ADDRESS	1377 S. Military Trail	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHANI, BAHADRUALI	
STREET ADDRESS	10360 NW 13th Manor	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAJWANY, BADRUDDIN	
STREET ADDRESS	5166 NW 125th Ave.	
CITY-ST-ZIP	Coral Springs, FL 33075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **2/24/04** DAYTIME PHONE: **954-853-0009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #