

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90001 042 ***150.00

DOCUMENT # P98000046732

1. Entity Name

NAFT, INC.



Principal Place of Business

1575 LAWDALE CIRCLE
WINTER PARK FL 32792

Mailing Address

1575 LAWDALE CIRCLE
WINTER PARK FL 32792

54006809



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3511673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~CLARK, JOHN~~
~~911 SOUTH PARSONS AVENUE~~
~~BRANDON FL 33511~~

7. Name and Address of New Registered Agent

Name

Javid Owji

Street Address (P.O. Box Number is Not Acceptable)

104 Shell Flower Cove

Winter Springs

City

FL

Zip Code

32708

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

Javid Owji

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/04

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 ☐ Delete
NAME ALASVANDIAN, KHOSLOW
STREET ADDRESS 1575 LAWDALE CIR
CITY-ST-ZIP WINTER PARK FL 33792

TITLE VP ☐ Delete
NAME OWJI, JAVID
STREET ADDRESS 104 SHELL FLOWER COVE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE S ☐ Delete
NAME OWJI, KHOSROW
STREET ADDRESS 1766 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ST ☐ Delete
NAME NARMIZADEN, SOHEYLA
STREET ADDRESS 1236 ROYAL OAK
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/04 (407) 366-0062