


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90018 043 \*\*\*150.00

**DOCUMENT # P98000073120**

1. Entity Name  
**AMERIPAK II ENTERPRISES, INC.**



Principal Place of Business  
**6502 N STATE RD 7  
 COCONUT CREEK FL 33073**

Mailing Address  
**6502 N STATE RD 7  
 COCONUT CREEK FL 33073**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0866459** Applied For  
 Not Applicable

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

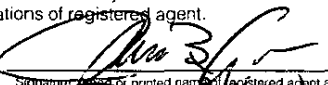


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**LYONS, JAMES B ESQ.  
 1881 UNIVERSITY DRIVE  
 SUITE 206  
 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 Dr., Suite 802**  
 City **Coral Springs** **FL** Zip Code **33063**

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 **03-16-2004**

**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	DS	<input type="checkbox"/> Delete
NAME	RAJWANY, NURUDDIN	
STREET ADDRESS	6502 N STATE RD 7	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAJWANY, BADRUDDIN	
STREET ADDRESS	8175 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rajwany, Nuruddin	
STREET ADDRESS	6502 N. State Road 7	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rajwany, Badruddin	
STREET ADDRESS	8175 Wiles Road	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  DATE **3/16/04** 9542620969  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Nuruddin Rajwany, President** Daytime Phone #