2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 18, 2004 8:00 am Secretary of State DOCUMENT # P98000073120 1. Entity Name 03-18-2004 90018 043 ***150.00 AMERIPAK II ENTERPRISES, INC. Principal Place of Business Mailing Address 6502 N STATE RD 7 COCONUT CREEK FL 33073 6502 N STATE RD 7 COCONUT CREEK FL 33073 1 1 V A V A V V 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0866459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES B. LYON, ESQ. LYONS, JAMES B ESQ.— Street Address (P.O. Box Number is Not Acceptable) 3300 University Dr., Suite 802 1881 UNIVERSITY DRIVE SUITE 206 CORAL SPRINGS FL 33071 33665 Coral Springs 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 03-16-200 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. $\overline{\mathrm{DP}}$ DS TITLE ☐ Delete TITLE XX Change ☐ Addition Rajwany, Nuruddin RAJWANY, NURUDDIN NAME NAME 6502 N STATE RD 7 6502 N. State Road 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP Coconut Creek, FL 33073 TITLE TITI F XX Change ☐ Addition Delete NAME RAJWANY, BADRUDDIN NAME Rajwany, Badruddin 8175 WILES ROAD STREET ADDRESS STREET ADDRESS 8175 Wiles Road CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP Coral Springs, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET-ADDRESS C!TY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED