

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90239 040 ***150.00

DOCUMENT # P98000100471

1. Entity Name
ASMARI, INC.



Principal Place of Business
**11199 CHESTER LAKE ROAD WEST
JACKSONVILLE, FL 33356**

Mailing Address
**11199 CHESTER LAKE ROAD WEST
JACKSONVILLE, FL 33356**

54030161



2. Principal Place of Business
8304 RIDING CLUB RD.

3. Mailing Address
8304 RIDING CLUB RD.

04082004 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3570382

Applied For
Not Applicable

Zip
32256

Zip
32256

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

6. Name and Address of Current Registered Agent

**MORGAN, ROBERT M
C/O FORD, JETER, BOWLUS & DUSS, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOUSAVI, PARVIN	
STREET ADDRESS	11199 CHESTER LAKE ROAD WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 33356	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOURIRAHIMI, ALIREZA	
STREET ADDRESS	11199 CHESTER LAKE ROAD WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 33356	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSAVI, PARVIN	
STREET ADDRESS	8304 RIDING CLUB RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIREZA, MOURIRAHIMI	
STREET ADDRESS	8304 RIDING CLUB RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/8/04 904-612-8896

904-777-5313