

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90002 048 ***150.00

DOCUMENT # P99000081081

1. Entity Name
CLINI-PHARM, INC.



Principal Place of Business
**5763 E. ELLIS HOLLOW RD
LAKE WORTH, FL 33463**

Mailing Address
**5763 E. ELLIS HOLLOW RD
LAKE WORTH, FL 33463**

54025753



2. Principal Place of Business
5516 MONTE FINO CT
Suite, Apt. #, etc.

3. Mailing Address
5516 MONTE FINO CT
Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State
GREENACRES FL
Zip **33463** Country **USA**

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GREENACRES FL
Zip **33463** Country **USA**

4. FEI Number
65-0949129
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

 **Mandath Seetaram
5516 Monte Fino Ct
Greenacres, FL 33463-5973**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5516 MONTE FINO CT
City **GREENACRES FL** Zip Code **33463**

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

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
NAME **SEETARAM, MANDATH M**
STREET ADDRESS **5763 E. ELLIS HOLLOW RD**
CITY - ST - ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
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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 *** 5516 MONTE FINO COURT**
STREET ADDRESS **GREENACRES FL 33463**
CITY - ST - ZIP

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

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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

04/02/04
Date

(561) 714-7229
Daytime Phone #