


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 032 ***150.00

DOCUMENT # P99000103275

1. Entity Name
TASTE OF BOMBAY, INC.



Principal Place of Business
**3060 N. ANDREWS AVE.
 WILTON MANORS, FL 33311**

Mailing Address
**3060 N. ANDREWS AVE.
 WILTON MANORS, FL 33311**

44046319



2. Principal Place of Business
48 E. Flagler ST
 Suite, Apt. #, etc.
M46

3. Mailing Address
3000 N. UNIVERSITY DR
 Suite, Apt. #, etc.
Suite E

03262003 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
CORAL SPRINGS, FL

Zip
33131 Country
USA

Zip
33065 Country
USA

4. FEI Number
65-0963804

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KAUR, PRABHJOT
3060 N. ANDREWS AVE.
WILTON MANORS, FL 33311

7. Name and Address of New Registered Agent
 Name
Mohammed Moideen
 Street Address (P.O. Box Number is Not Acceptable)
48 E. Flagler ST
Suite M46
 City
MIAMI, FL Zip Code
33131

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 *M.M. Hussain*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED, MOIHDEN		NAME		
STREET ADDRESS	3060 N. ANDREWS AVE.		STREET ADDRESS	48 E. Flagler ST STE M46	
CITY - ST - ZIP	WILTON MANORS, FL 33311		CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOIHDEN, MOHAMMED		NAME		
STREET ADDRESS	3060 N. ANDREWS AVE.		STREET ADDRESS		
CITY - ST - ZIP	WILTON MANORS, FL 33311		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *M.M. Hussain* **6/1/04** **305 244-5080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments

M A S
PO BOX 771210

44046319

Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

06/01/04

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Taste of Bombay, Inc.
Doc# P99000103275

To Whom It May Concern:

We are enclosing a copy of the application for corporate reinstatement for our client, Taste of Bombay, Inc.

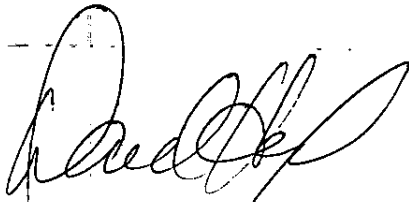
We are providing a check for the reinstatement and have not included the penalty as the report had been sent to an old address and they had not received a renewal application.

Therefore we are requesting reinstatement on behalf of Taste of Bombay, Inc. based on the change of address.

We have also notified the client of the May 1st filing deadline.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez