

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V33519

1. Entity Name
TODAY'S BUSINESS PRODUCTS, INC.



Principal Place of Business
**1001 CLINT MOORE RD
SUITE 101
BOCA RATON, FL 33487 US**

Mailing Address
**1001 CLINT MOORE RD
SUITE 101
BOCA RATON, FL 33487 US**



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0331108

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOONASAR, SANJAY
1001 CLINT MOORE ROAD #101
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
MOONASAR, SANJAY
6590 E ROGERS CIRCLE
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MOONASAR, SANJAY
6590 E. ROGERS CIRCLE
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MOONASAR, NANDAN
21441 SAW MILL CT
BOCA RATON, FL 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000108665
04/12/04-80013-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SANJAY MOONASAR

4-204

Date

561-241-8499

Daytime Phone #