


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03846**

1. Entity Name  
**KAMLA ENTERPRISES, INC.**



Principal Place of Business: **1901 SW 13TH ST, GAINESVILLE FL 32608, US**

Mailing Address: **% B.S. PATEL, 1901 SW 13TH STREET, GAINESVILLE, FL 32608**



2. Principal Place of Business - No. P.O. Box #  
 Suite, Apt. #, etc

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

4. FEI Number **59-2038352**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**PATEL, B.S.  
 1901 SW 13TH STREET  
 GAINESVILLE FL 32608**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when not filing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	TUBB, GEORGE F.	
STREET ADDRESS	2815 N.W. 13TH ST.	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PATEL, B.S.	
STREET ADDRESS	1901 SW 13TH STREET	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, J S	
STREET ADDRESS	1901 SW 13TH ST	
CITY- ST- ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAVAL, D	
STREET ADDRESS	1901 SW 13TH ST	
CITY- ST- ZIP	GAINESVILLE, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, P.S.	
STREET ADDRESS	1901 SW 13TH ST.	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000796339	
STREET ADDRESS	01/29/08-80030-008 150.00	
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		
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 exemptions contained in Section 119, 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: *x Roswisha Acordis, Acord*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 (352) 376-2222  
 Date Daytime Phone #