


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 021 ***150.00

DOCUMENT # H80090
 1. Entity Name
NAYANA, INC.



Principal Place of Business
GOLDEN EAGLE PLAZA
HOMOSASSA, FL 34448 US

Mailing Address
2380 NW US-19
CRYSTAL RIVER, FL 34428 US

24005280

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
NAYANA, INC.
1610 SE PARADISE CIR

City & State
CRYSTAL RIVER, FL

Zip Country
34429 CITRUS

01282004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2680644

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PATEL, KAMLESH N.
3921 N SEMINOLE TP
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent
 Name **PATEL KAMLESH N**
 Street Address (P.O. Box Number is Not Acceptable)
415 S.W. 1ST AVE
 City **CRYSTAL RIVER FL** Zip Code **34429**

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KAMLESH N. 507 NW 9TH AVE CRYSTAL RIVER, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESAI, P. G. 507 NW 9TH AVE CRYSTAL RIVER, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IYER, H. V. 80 GREENTREE ST. SMW HOMOSASSA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, MAYUR N 1020 SE 3RD AVE CRYSTAL RIVER, FL 34429	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mayer N Patel 01/31/04 352-795-3111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #