2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P00000099741 JAI SACHIDANAND, INC. Principal Place of Business Mailing Address 325 N. FEDERAL HIGHWAY 325 N. FEDERAL HIGHWAY HOLLYWOOD, FL HOLLYWOOD, FL. 04242004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1056467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, ASHOK DO NOT WRITE 325 N. FED HIGHWAY HOLLYWOOD, FL 33020 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 fille if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000132823 04/27/04-80056-024 150.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PATEL, ASHOKKUMAR T 325 N. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL VPTD PATEL, NILABEN A NAME STREET ADDRESS 325 N. FEDERAL HIGHWAY CITY-ST-ZIP HOLLYWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 receiper 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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-2IP

NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED