


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000039062**  
 1. Entry Name  
**JAI VIGNESH, INC.**



Principal Place of Business: **5319 AIRPORT PULLING RD  
 NAPLES, FL 34109**

Mailing Address: **5319 AIRPORT PULLING RD  
 NAPLES, FL 34109**

**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number **77-0597720** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**PATEL, AJAY R  
 1647 MANCHESTER CT  
 NAPLES, FL, FL 34109**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, AJAY R
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	P
NAME	PATEL, SUNAI A
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	P
NAME	PATEL, ROMA A
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	SOMAVARAM, LAKSHMIPATHY
STREET ADDRESS	1850 105TH AVE N
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/07/05-80043-001 150.00

**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)(l), 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: *AJ Patel* **4-7-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #