


2006 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000104958

1. Entity Name
ARYA FOODS, INC.



Principal Place of Business Mailing Address

840 S GRAND HWY APT #31C **840 S GRAND HWY APT #31C**
CLERMONT, FL 34711 **CLERMONT, FL 34711**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0641190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, VIJAYKUMAR C
840 S GRAND HWY APT #31C
CLERMONT, FL 34711

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]* **VIJAYKUMAR PATEL.** **2-8-06.**

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

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000433854
 02/24/06-80032-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATEL, VIJAYKUMAR C 840 S GRAND HWY APT #31C CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PATEL, KAMINI 601 N MARINE BLVD JACKSONVILLE, NC 28540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* **(OWNER)** **02/8/06** **352-324-3611.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #