2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034684

Address:

City-St-Zip:

FILED Mar 03, 2004 Secretary of State

Entity Name: DURGA ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3580 PALL MALL DRIVE 11497 CHASE MEADOWS DR S **UNIT 1506** JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257 **New Mailing Address: Current Mailing Address:** 3580 PALL MALL DRIVE 11497 CHASE MEADOWS DR S **UNIT 1506** JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257 FEI Number: 59-3505233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALLOWES, BORDEN R DESAI, JAIPRAKASH 3580 PALL MALL DRIVE 11497 CHASE MEADOWS DR S **UNIT 1506** JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257 US 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. SIGNATURE: JAIPRAKASH DESAI 03/03/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BHIM BHAS, SURESHCHANDRE Name: Name: 3580 PALL MALL DRIVE, UNIT 1506 Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: BHIMBHAS, LALITABEN Name: 3580 PALL MALL DRIVE, UNIT 1506 Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition LALLOOBHAJ, JAIPRAHAH Name: Name: 3580 PALL MALL DRIVE, UNIT 1506 Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition LALLOOBHAN, BELEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAIPRAKASH DESAI PRES 03/03/2004

3580 PALL MALL DRIVE, UNIT 1506

JACKSONVILLE, FL 32257