


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000089444	
1. Entity Name AKSHAR - YOGI, INC.	

Principal Place of Business 12352 BUCKS HARBOR DRIVE SOUTH JACKSONVILLE, FL 32225	Mailing Address 12352 BUCKS HARBOR DRIVE SOUTH JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2068935	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, JATIN G
12352 BUCKS HARBOR DRIVE SOUTH
JACKSONVILLE, FL 32225

**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 *J. Patel* DATE 4/14/04

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000113685 04/15/04-80019-022 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, JATIN G 12352 BUCKS HARBOR DRIVE SOUTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, HITESH S 12352 BUCKS HARBOR DRIVE SOUTH JACKSONVILLE, FL 32225
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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: *J. Patel* DATE 4/14/04 Daytime Phone # 904-721-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR