2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2004 08:00 AM **Secretary of State** DOCUMENT # 668895 K.C. CHATANI, INC. Principal Place of Business Mailing Address 346 LINCOLN RD 346 LINCOLN RD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 No Chg-P 03162004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2012574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHATANI, KISHU C DO NOT WRITE 346 LINCOLN ROAD MIAMI BEACH, FL 33139 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 familier with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title il applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000091336 Trust Fund Contribution. Added to Fees 03/18/04-80004-023 150.00 10. OFFICERS AND DIRECTORS PΩ TITLE NAME CHATANI, KISHU C STREET ADDRESS 346 LINCOLN RD CITY-ST-ZIP MIAMI BEACH, FL 33139 SD TITLE CHATANI, ANJALITA NAME 346 LINCOLN RD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE VΡ CHATANI, BHART MAME STREET ADDRESS 346 LINCOLN ROAD DO NOT WRITE CITY-SY-ZIP MIAMI BEACH, FL 33139 TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kishn Chatari 3/16/04

FILED