

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58516

Entity Name: SUSHILA, INC.

FILED
Feb 06, 2004
Secretary of State

Current Principal Place of Business:

205 SW COMMERCE DRIVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

5 ALMOND DR TRACE
OCALA, FL 344728735

New Mailing Address:

FEI Number: 59-2143833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ANIL
5 ALMOND DR TRACE
OCALA, FL 344728735

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PATEL, NALIN R,
Address: 720 S LAKE PRAZOS DR
City-St-Zip: WACO, TX 76704

Title: P () Delete
Name: PATEL, SURYAKANT R,
Address: 3255 SE 55TH CT
City-St-Zip: OCALA, FL 34471

Title: ST () Delete
Name: PATEL, INDU P,
Address: 1608 SW 16TH STREET BOX 4
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: PATEL, ANIL D,
Address: 5 ALMOND DR TRACE
City-St-Zip: OCALA, FL 344728735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANIL PATEL

VP

02/06/2004

Electronic Signature of Signing Officer or Director

Date