## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G51478**

1. Entity Name

BHATTI ENTERPRISES, INC.



FILED Apr 19, 2007 08:00 AM Secretary of State

Principal Place of Business

3521 W. BROWARD BLVD

SUITE 107

FORT LAUDERDALE, FL 33312 U

Mailing Address

3521 W. BROWARD BLVD

SUITE 107

FORT LAUDERDALE, FL 33312 U



04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2305411 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BHATTI, JASWANT S. 3521 W. BROWARD BLVD SUITE 107

FORT LAUDERDALE, FL 33312

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BHATTI, JASWANT S 1344 NW 135TH AVE. PEMBROKE PINES, FL 33028				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BHATTI, NIRMALJEET K 1344-NW-135TH AVE PEMBROKE PINES, FL 33028				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000716424
TITLE					04/30/07-80007-015 158.75

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 cath; 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.

SIGNATURF:

NAME STREET ADDRESS CITY-ST-ZIP

Jaswant. J. Klash,

Dato 04-18-07