


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90022 028 ***150.00

DOCUMENT # G51478 1. Entity Name BHATTI ENTERPRISES, INC.					
Principal Place of Business 3521 W. BROWARD BLVD SUITE 107 FORT LAUDERDALE, FL 33312 US			Mailing Address 3521 W. BROWARD BLVD SUITE 107 FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box # 3001-DAVIE RD.		3. Mailing Address 1344-NW-135th AV.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL		City & State PEMBROKE PINES, FL		4. FEI Number 59-2305411	
Zip 33312		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33028		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BHATTI, JASWANT S. 3521 W. BROWARD BLVD SUITE 107 FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name BHATTI, JASWANT S. Street Address (P.O. Box Number is Not Acceptable) 3001-DAVIE RD. City FT. LAUDERDALE FL Zip Code 33312		
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 <u><i>Jaswant S. Bhatti</i></u> DATE <u>04-01-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BHATTI, JASWANT S 1344 NW 135TH AVE. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BHATTI, NIRMALJEET K 1344-NW-135TH AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 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: <u><i>Jaswant S. Bhatti</i></u> DATE <u>04-01-08</u> (954) 647-3749 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>		