


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90080 047 ***150.00

DOCUMENT # G74655	
1. Entity Name PATEL ELECTRONIC DISTRIBUTORS, INC.	

Principal Place of Business 24 W FLAGLER ST. MIAMI, FL 33130 US	Mailing Address 24 W. FLAGLER ST. MIAMI, FL 33130 US
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50008304

2. Principal Place of Business 24 West Flagler street	3. Mailing Address 24 West Flagler street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01212005 Chg-P CR2E034 (10/03)

City & State Miami - Florida	City & State Miami Florida
Zip 33130	Country U.S.A.
Zip 33130	Country U.S.A.

4. FEI Number 59-2349012	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, DAYARAM V. 9850 SW 66 STREET MIAMI, FL 33173	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, FL Zip Code	

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 Dayaram V. Patel <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1-27-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSO PATEL, DAYARAM V. 9850 SW 66 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, KANTA D. 9850 SW 66 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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: Dayaram V. Patel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-27-05 305-371-7990 <small>Daytime Phone #</small>