

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 021 ***150.00

DOCUMENT # H80090

1. Entity Name
NAYANA, INC.



Principal Place of Business
GOLDEN EAGLE PLAZA
HOMOSASSA, FL 34448 US

Mailing Address
2380 NW US-19
CRYSTAL RIVER, FL 34428 US

24005280



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2680644

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, KAMLESH N.
3921 N SEMINOLE TP
CRYSTAL RIVER, FL 34429

Name

PATEL KAMLESH N

Street Address (P.O. Box Number is Not Acceptable)

415 S.W. 1ST AVE

City

CRYSTAL RIVER

FL

Zip Code

34429

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PATEL, KAMLESH N.
STREET ADDRESS 507 NW 9TH AVE
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DESAI, P. G.
STREET ADDRESS 507 NW 9TH AVE
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME IYER, H. V.
STREET ADDRESS 80 GREENTREE ST. SMW
CITY-ST-ZIP HOMOSASSA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PATEL, MAYUR N
STREET ADDRESS 1020 SE 3RD AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mayer N Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/04
Date

352-795-3111
Mayer
Daytime Phone #