## 2005 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** May 02, 2005 08:00 AM Secretary of State DOCUMENT # H93974 1. Entity Name **GODAVRI CORPORATION** Principal Place of Business -Mailing Address 1600 34TH ST. N. 1600 34TH ST. N. ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 04282005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2774999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, MAHESH DO NOT WRITE 1600 34TH ST. N. ST. PETERSBURG, FL 33713 IN THIS SPACE 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, typed or printed name of registered agent and this if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PATEL, MAHESH NAME STREET ADDRESS 1600 34TH ST. N. CITY-ST-ZIP ST. PETERSBÜRG, FL -- U00000357674 05/04/05-80089-018 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND EXPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X apalis

Daytime Phone #