

ANNUAL REPORT

DOCUMENT # J52501	
1. Entity Name BHANA CORPORATION	

Principal Place of Business 2015 S. ATLANTIC AVE DAYTONA BCH, FL 32018 US	Mailing Address 2015 S. ATLANTIC AVE DAYTONA BCH, FL 32018 US
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DO NOT WRITE IN THIS SPACE

FILED
Jan 23, 2004 08:00 AM
Secretary of State



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2773263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent BHANA, GITESH N 2015 S. ATLANTIC AVE DAYTONA BEACH, FL 32018
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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 registrant.

SIGNATURE _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BHANA, GITESH N VCEO 2015 S ATLANTIC AVE DAYTONA, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMA, MEENAXI 2015 SOUTH ATLANTIC DRIVE DAYTONA, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000011696 01/23/04-80045-018 150.00
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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: _____	DATE: 1/20/04	DAYTIME PHONE #: 386 255 2446
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