

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J87087

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: JAMUNA CORPORATION

## Current Principal Place of Business:

6529 E HILLSBOROUGH  
TAMPA, FL 33610 US

## New Principal Place of Business:

## Current Mailing Address:

6529 E HILLSBOROUGH  
TAMPA, FL 33610 US

## New Mailing Address:

FEI Number: 59-2844660      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, MADHUBEN  
6529 E HILLSBOROUGH AVE.  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PATEL, MADHUBEN  
Address: 6529 E HILLSBOROUGH AVE.  
City-St-Zip: TAMPA, FL 33610

Title: V ( ) Delete  
Name: PATEL, NILESH  
Address: 6529 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610 US

Title: D ( ) Delete  
Name: PATEL, SUSHIL  
Address: 6529 E HILLSBOROUGH  
City-St-Zip: TAMPA, FL 33610 US

Title: D ( ) Delete  
Name: PATEL, SANGITAN  
Address: 6529 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PATEL, SANGITABEN N  
Address: 6529 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Change (X) Addition  
Name: PATEL, SUSHIL K  
Address: 6529 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILESH PATEL

V

06/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

J87087

6/26/09

7/27/09

East lake inn  
6529 e Hillsborough ave  
Tampa, fl 33610

Department of State  
Division of Corporations Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

This letter is concerning my annual report I did not receive a email for filing my report in June

I paid \$550.00 on line late fee please refund me the difference make check payable to east lake inn Document # is J87 087 JAMUNA CORP

(813) 541-5194 CELL PHONE

Sincerely: neil patel

