



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90313 025 \*\*\*150.00

<b>DOCUMENT # M67200</b> 1. Entity Name <b>DARSHNA PATEL, INC.</b>																													
Principal Place of Business <b>% DARSHNA PATEL</b> <b>2402 KINGDOM AVE.</b> <b>MELBOURNE, FL 32934-7584</b>			Mailing Address <b>% DARSHNA PATEL</b> <b>2402 KINGDOM AVE.</b> <b>MELBOURNE, FL 32934-7584</b>																										
2. Principal Place of Business <b>1652 HWY 41A</b> Suite, Apt. #, etc.		3. Mailing Address <b>1652 HWY 41A</b> Suite, Apt. #, etc.		<b>50044026</b> 																									
City & State <b>SATELLITE BEACH, FL</b>		City & State <b>SATELLITE BEACH, FL</b>		4. FEI Number <b>59-2869001</b>																									
Zip <b>32937</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>PIYUSH, PATEL</b> <b>3041 COLLEGE WOOD DRIVE #714</b> <b>MELBOURNE, FL 32934</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>PIYUSH PATEL</i></u> <b>PIYUSH PATEL</b> <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PIYUSH, PATEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3041 COLLEGE WOOD DRIVE 714</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE, FL 32934</td> <td></td> </tr> </table>			TITLE	PTD	<input type="checkbox"/> Delete	NAME	PIYUSH, PATEL		STREET ADDRESS	3041 COLLEGE WOOD DRIVE 714		CITY-ST-ZIP	MELBOURNE, FL 32934		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>PIYUSH PATEL</i></u> <b>PIYUSH PATEL</b> <u>4-20-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													