


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M69365		
1. Entity Name PRANAM, INC.		

Principal Place of Business C/O PAT'S GROCERY 4091 OLD BAINBRIDGE RD QUINCY, FL 32352	Mailing Address C/O PRADIP PATEL 1737 BEAVER CREEK DRIVE HAVANA, FL 32333
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04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2873825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, PRADIP S  
 1737 BEAVER CREEK DRIVE  
 HAVANA, FL 32333

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PATEL, PRADIP 1737 BEAVER CREEK DR HAVANA, FL 32334803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PATEL, TRUPTI 1737 BEAVER CREEK DRIVE HAVANA, FL 32333
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *[Signature]* Date: 4-22-05 Daytime Phone #: 222-6763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR