2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002306

FILED Jan 18, 2004 Secretary of State

Entity Name: BHAVANI, INC. **Current Principal Place of Business: New Principal Place of Business:** 1300 PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 1300 PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 FEI Number: 59-3710636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JYOTSNA, PATEL 1300 N. PÓNCE DE LEON BLVD SAINT AUGUSTINE, FL 32084 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PATEL, MARENDRA PATEL, NARENDRA Name: Name: 1300 N. PONCE DE LEON BLVD 1300 N. PONCE DE LEON BLVD Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: **VPST** () Delete Title: () Change () Addition

Name: PATEL, JYOTSNA Name: 1300 N. PONCE DE LEON BLVD Address: Address: SAINT AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: NARENDRA PATEL 01/18/2004