


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90023 046 ***150.00

DOCUMENT # P0000028738

1. Entity Name
GURPARKASH, INC.



Principal Place of Business
 10511 CASANOVA DRIVE
 TALLAHASSEE, FL 32311

Mailing Address
 10511 CASANOVA DRIVE
 TALLAHASSEE, FL 32311

94047105

2. Principal Place of Business
10511 CASANOVA DR.

3. Mailing Address
10511 Casanova Dr.

Suite, Apt. #, etc.



02022004 Chg-P CR2E034 (10/03)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip Country
32317 USA

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32317 USA

4. FEI Number
59-3640921

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, SWATI N
10511 CASANOVA DRIVE
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name
Swati N. SINGH

Street Address (P.O. Box Number is Not Acceptable)
10511 CASANOVA DR.

City
TALLAHASSEE FL Zip Code **32317**

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 **Swati N. Singh - only zip code is changed.** 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, 2004 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	P SINGH, SWATI N <input checked="" type="checkbox"/> Delete 10511 CASANOVA DRIVE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Swati N. Singh <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10511 Casanova Dr, Tallahassee, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SWATI N. SINGH Swati N. Singh** Date **4/6/04** Daytime Phone # **850-878-9928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *