


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90206 021 \*\*\*150.00

<b>DOCUMENT # P00000035853</b>	
1. Entity Name <b>BHADRESHKUMAR PARIKH, PA.</b>	

**60035324**



Principal Place of Business <b>7701 NORTH UNIVERSITY DRIVE STE 200 TAMARAC, FL 33321</b>	Mailing Address <b>C/O MARK I INGLER CPA P A 10100 WEST SAMPLE ROAD #328 CORAL SPRINGS, FL 33065-3973</b>
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2. Principal Place of Business - No P.O. Box # <b>7701 North University Dr</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>207</b>		Suite, Apt. #, etc. <b>319</b>	
City & State		City & State	
Zip	Country	Zip	Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1002370**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent <b>PARIKH, BHADRESH 11949 NORTHWEST 11TH CRT CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PARIKH, BHADRESH 11949 NORTHWEST 11TH CRT CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bhadrash Parikh, President*

Date

*4/25/08*

Daytime Phone

*954-610-0109*