

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000051556

1. Entity Name  
PARTH & POOJA CORPORATION



Principal Place of Business  
606 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

Mailing Address  
606 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

FILED

06 FEB - 1 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
4010 - 104 US1 SO.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006

Chg-P

CR2E034 (11/05)

City & State  
ST AUGUSTINE FL

City & State

4. FEI Number  
59-3651097

Applied For  
Not Applicable

Zip  
32086

Country  
ST-JOHNS

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, LINDA LOGAN  
87 ORANGE ST  
ST AUGUSTINE, FL 32084

Name  
ASHISH D. MEHTA

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

518 TURNBERRY LANE

City  
ST-AUGUSTINE

FL

Zip Code  
32080

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 *Ashish D. Mehta*

2-1-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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  
D  
METHA, ASHISH  
606 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 SAME AS #7 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEHTA, SANGITA  
606 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 SAME AS #7 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Ashish D. Mehta*

2-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #