

**2607 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000090804

1. Entity Name
RUPALI CORP.



Principal Place of Business
**3639 SE SALERNO RD
PORT SALERNO, FL 34992**

Mailing Address
**3639 SE SALERNO RD
PORT SALERNO, FL 34992**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1042597

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARPALE, RAJENDRAKUMAR
2080 NW MARSHRABBIT LANE
JENSEN BEACH, FL 34957**

**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 *Harpale R.V.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/16/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000533864
01/22/07-80048-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PT**
NAME **HARPALE, RAJENDRAKUMAR**
STREET ADDRESS **2080 NW MARSHRABBIT LANE**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **VS**
NAME **HARPALE, HEMADEN**
STREET ADDRESS **2080 NW MARSHRABBIT LANE**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Harpale Hemaden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07
Date

Daytime Phone #