2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116384

8403 PORTAGE AVENU

PATEL, VITTHÁLBHAI

8403 PORTAGE AVE

TAMPA, FL 33647

() Delete

TAMPA, FL 33647

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jun 20, 2005 Secretary of State

Entity Nar	ne: AKSH/	AR DHAM O	F TAMPA INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
11305 E US SEFFNER	S HWY 92 , FL 33584							
Current Mailing Address:				New Maili	New Mailing Address:			
11305 E U SEFFNER	S HWY 92 , FL 33584							
FEI Number:	59-3686963	FEI Num	ber Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
	S HWY 92 , FL 33584	US ity submits th	is statement for the p	urpose of changing	its register	ed office or registered agent, or bot	th,	
	e of Florida.	•	·	, , ,	J		,	
SIGNATUF							_	
Election Can	ce with s. 607	.193(2)(b), F.S cing Trust Fur	ure of Registered Age ., the corporation did no id Contribution ().	t receive the prior notic		Date SES TO OFFICERS AND DIRECTORY	ORS:	
Title: Name: Address: City-St-Zip:	P PATEL, SUF 11305 US 9 SEFFNER,	2 E		Title: Name: Address: City-St-Zip:	PD PATEL, SU 11305 US SEFFNER			
Title: Name: Address: City-St-Zip:	VP PATEL, HET 11305 US 9 SEFFNER,	2 E		Title: Name: Address: City-St-Zip:	VPD PATEL, HE 11305 US SEFFNER			
Title: Name:	S PATEL, GO	()Delete VIND		Title: Name:	SD PATEL, GO	(X) Change()Addition OVIND		

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

8403 PORTAGE AVENU

() Change () Addition

TAMPA, FL 33647

SIGNATURE: SURESH PATEL PD 06/20/2005