

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005915

FILED
Feb 04, 2004
Secretary of State

Entity Name: FOR RISHUBH, INC.

Current Principal Place of Business:

398 PORT SAINT LUCIE BOULEVARD
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

398 PORT SAINT LUCIE BOULEVARD
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 65-1067698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ATUL
398 PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PATEL, ATUL
Address: 398 PORT SAINT LUCIE BOULEVARD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VD () Delete
Name: PATEL, VARSHA
Address: 398 PORT SAINT LUCIE BOULEVARD
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ATUL PATEL

PRE

02/04/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date