

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000007951**

1. Entity Name  
**RUCHI ENTERPRISES, INC.**



Principal Place of Business  
**2018 S CHICKASAW TR  
ORLANDO, FL 32825**

Mailing Address  
**2018 S CHICKASAW TR  
ORLANDO, FL 32825**

**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3692027**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHAH, VISHAKHA  
2018 S CHICKASAW TR  
ORLANDO, FL 32825**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**000000127755  
04/26/04-80010-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAPADIA, NILKANTH 2018 S CHICKASAW TR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAPADIA, ANIL 1537 SHADY OAK DR KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHAH, DHIMANT 1537 SHADY OAK DR KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHAH, VISHAKHA 1537 SHADY OAK DR KISSIMMEE, FL 34744
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 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 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

Date

Daytime Phone #

04/19/04

407-832-3835