


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -3 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business 104 S. Highway 27		3. Mailing Address same as principal place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Minneola, Florida		City & State		4. FEI Number 59-3692027	
Zip 34755		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, VISHAKHA 2018 S CHICKASAW TR ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name Bharti Patel Street Address (P.O. Box Number is Not Acceptable) 104 S. Highway 27 City Minneola FL Zip Code 34755		
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: <u>Bharti Patel</u> 9/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPADIA, NILKANTH 2018 S CHICKASAW TR ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080384810 10/03/06--01015--001 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAPADIA, ANIL 1537 SHADY OAK DR KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAH, DHIMANT 1537 SHADY OAK DR KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAH, VISHAKHA 1537 SHADY OAK DR KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T,S,D Patel, Bharti 104 S. Highway 27 Minneola, Florida 34755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T,S,D Patel, Bharti 104 S. Highway 27 Minneola, Florida 34755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bharti Patel</u>			9/27/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
Bharti Patel			<small>Daytime Phone #</small>		

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