2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90425 043 ***150.00

DOCUMENT # P01000042359

1. Entity Name
AKSHAR OF SW FLORIDA, INC.

Principal Place of Business	Mailing Address
12555 COLLIER BLVD #3 NAPLES, FL 34116	3840 CENTRAL AVE #201 FT MYERS, FL 33901

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2419 EAST MALL DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. MYERS FL	
Zip	Country	Zip 33901	Country USA

4. FEI Number 65-1114739 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, ARVIND P
3840 CENTRAL AVENUE
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name ARVIND PATEL
Street Address (P.O. Box Number is Not Acceptable)
6506 PLANTATION PRESERVE CIRCLE
City FT. MYERS FL Zip Code 33912

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 PATEL, ARVINDKUMAR P 3840 CENTRAL AVE FT MYERS, FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 65 [redacted] Arvind Patel 6506 Plantation Preserve Cir. N Fort Myers, FL 33912-8367 ...VE CIRCLE ~~#201~~ 33912
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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: X ____________________ 04-28-05 239-340-8981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #