## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P01000054193 1. Entity Name NANDINI ENTERPRISES INC. Mailing Address Principal Place of Business 2419 EAST MALL DR 2568 FIRST STREET FT MYERS, FL 33901 FT MYERS, FL 33901 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied Far Not Applicable 65-1112963 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, SHANTLAL 2568 FIRST STREET FT MYERS, FL 33901 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agen) signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PATEL, SHANTILAL NAME STREET ADDRESS 2568 FIRST STREET FT MYERS, FL 33901 CITY-S1-ZIP \_\_\_\_\_UOŌĂOŊ139RS2 TITLE 04/29/04-80129-020 150.00 NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

SHANTILAL PATEL

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

**FILED**