
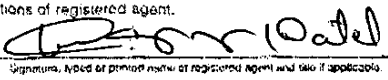
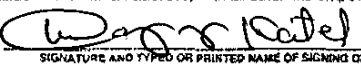


**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90029 025 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P01000055590</b>			
1. Entity Name <b>BRAHMAS INC.</b>			
Principal Place of Business <b>6200 34TH ST NORTH PINELLAS PARK, FL 33781</b>		Mailing Address <b>C/O ACCOUNTING CONSULTANTS 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710</b>	
2. Principal Place of Business		3. Mailing Address <b>6200 34th Street North</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Pinellas Park, FL</b>	
Zip	Country	Zip	Country
		<b>33781</b>	<b>USA</b>
4. FEI Number <b>59-3723984</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PATEL, HARISH J 5649 49TH ST N ST PETERSBURG, FL 33709</b>		7. Name and Address of New Registered Agent Name <b>Patel, Sanjay</b> Street Address (P.O. Box Number is Not Acceptable) <b>6200 34th Street North</b> City <b>Pinellas Park, FL</b> Zip Code <b>33781</b>	
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 		DATE <b>7/15/05</b>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PATEL, HARISH J 6200 34TH ST NORTH PINELLAS PARK, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PATIL, SANJAY M</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, ARVIND 6200 34TH ST NORTH PINELLAS PARK, FL <input 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	SD PATEL, SANJAY M 6200 34TH ST NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President and Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Patel, Manubhai</b> <b>6200 34th Street North</b> <b>Pinellas Park, FL 33781</b>
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
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 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 807, 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: 		DATE <b>7/15/05</b> 727-527-7384	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50056676



07142005 Chg-P CR2E034 (10/03)

ATTACHMENT

50056676  
# P01000055590  
ACCOUNTING CONSULTANTS INC.  
"Business & Tax Specialists"

CAROL McATEE, CPA  
Phone: (727) 327-1999  
Fax: (727) 327-1995

5401 Central Avenue  
St. Petersburg, FL 33710

FAX TRANSMISSION SHEET

TO: Sanjay Patel CONTACT: \_\_\_\_\_  
FAX NO.: 526-9294 PHONE: \_\_\_\_\_  
FROM: Ed Hallgren  
DATE: 7/14/05 TIME: \_\_\_\_\_

TOTAL NUMBER OF PAGES 3 (including cover letter).

If you do not receive all of the pages, please call us as soon as possible at (727) 327-1999.

COMMENTS: \_\_\_\_\_

*Dear Sanjay:*

*Attached is your 2005 Annual report with officer changes, along with filing instruction.*

*Please let us know if you need anything else.*

*Sincerely,  
Ed Hallgren*

!! CONFIDENTIALITY NOTE !!

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS NOTED ABOVE VIA U.S. POSTAL SERVICE. THANK YOU.