


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90008 028 ***150.00

DOCUMENT # P01000065059 1. Entity Name NISHPAR CORPORATION	
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Principal Place of Business 15295 NE US HWY 301 WALDO, FL 32694	Mailing Address PO BOX 686 WALDO, FL 32694
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1859897	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, JITENDRAKUMAR 15295 NE US HWY 301 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, AMEETA 15295 NE US HWY 301 WALDO, FL 32694
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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: *Jay Patel* *Jay Patel* *03-21-2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #