


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-09-2004 90014 020 ***150.00

DOCUMENT # P01000079896	
1. Entity Name KRISHNA CHARAN MALHAN, INC.	


Principal Place of Business 8236 FIRENZE BLVD ORLANDO FL 32836	Mailing Address 8236 FIRENZE BLVD ORLANDO FL 32836
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2. Principal Place of Business 7826 KINGSPOINTE PRWY	3. Mailing Address 8236 Firenze Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

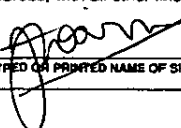
City & State Orlando	City & State Orlando
Zip FL	Country 32819

6. Name and Address of Current Registered Agent PATEL, PRABODH C ESQ. 815 ORIENTA AVE., STE. 6 ALTAMONTE SPRINGS FL 32701	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 3/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 SINGH, DEVINDER JOI 8236 FIRENZE BLVD ORLANDO FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DEVINDER JOTI SINGH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/18/04 Daytime Phone # 407-264-0180