


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90003 008 \*\*\*150.00

<b>DOCUMENT # P01000084961</b> 1. Entity Name <b>NIDHINEHA INVESTMENT, INC.</b>	
---	---

<b>Principal Place of Business</b> 1369 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	<b>Mailing Address</b> 1369 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114
---	---

**40022369**



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3747498</b>	Applied For 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, AMRISH</b> 1369 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114
--

**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 registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, AMRISH S 1369 S RIDGEWOOD AVE DAYTONA BEACH, FL 321146129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, KALPANA 1369 S RIDGEWOOD AVE DAYTONA BEACH, FL 321146129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Amrisha Patel **AMRISH PATEL** 1/20/07 386 252 6413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #