2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084961

1. Entity Name
NIDHINEHA INVESTMENT, INC.

Principal Place of Business	Mailing Address
1369 S. RIDGEWOOD AVE.	1369 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114	DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

01122008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3747498	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, AMRISH
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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, AMRISH S
STREET ADDRESS	1369 S RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 321146129

TITLE	VP
NAME	PATEL, KALPAN A
STREET ADDRESS	1369 S RIDGEWOOD AVE
CITY-ST-ZIP	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	

U00000961096
04/02/08-80087-019 150.00

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: _Amrish Patel_   3/13/08   386 252 6413
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)   Date   Daytime Phone #