## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 A Secretary of State DOCUMENT # P01000086448 SOMIL ENTERPRISES, INC. Principal Place of Business Mailing Address 2001 E. ORANGE AVE. 2001 E. ORANGE AVE. EUSTIS, FL 32726 EUSTIS, FL 32726 No Chg-P 04242006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3741347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PATEL, SANJAY DO NOT WRITE 2001 E. ORANGE AVE. EUSTIS, FL 32726 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE PATEL, SHARMISTHA S NAME U00000545935 STREET ADDRESS 2001 E. ORANGE AVE. 05/11/06-80097-009 150.00 CITY-ST-ZIP EUSTIS, FL 32726 VSD TITLE PATEL, SANJAY NAME STREET ADDRESS 2101 E. ORANGE AVE. CITY-ST-ZIP EUSTIS, FL 32726 MILE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**