


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**


04-19-2004 90736 001 \*\*\*150.00

<b>DOCUMENT # P01000098489</b>	
1. Entity Name <b>MADHVI, INC.</b>	

Principal Place of Business <b>5155 S WASHINGTON AVE TITUSVILLE, FL 32780</b>	Mailing Address <b>215 5TH AVE INDIALANTIC, FL 32903</b>
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**DO NOT WRITE IN THIS SPACE**

**44031550**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>26-0007665</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

**PATEL, KIRAN  
215 5TH AVE  
INDIALANTIC, FL 32903**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KIRAN 215 5TH AVE INDIALANTIC, FL 32903
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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:** Kiran Patel **KIRAN PATEL** 4-17-04 (321) 9527014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #