


FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90066 008 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000115409

1. Entity Name
CHANDULAL & SON'S, INC.



66420480

Principal Place of Business 206 WILSHIRE BLVD STE 427 CASSELBERY, FL 32707	Mailing Address 206 WILSHIRE BLVD STE 427 CASSELBERY, FL 32707
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2. Principal Place of Business 238 WILSHIRE BLVD Suite, Apt. #, etc. STE 149 City & State CASSELBERY FL Zip 32707 Country USA	3. Mailing Address 238 WILSHIRE BLVD Suite, Apt. #, etc. STE 149 City & State CASSELBERY FL Zip 32707 Country USA
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04142004 Chg-P CR2E034 (10/03)

4. FEI Number 14-1878506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BORE, CHANDULAL
 206 WILSHIRE BLVD STE 427
 CASSELBERY, FL 32707

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable)
 238 WILSHIRE BLVD STE 149
 City CASSELBERY FL Zip Code 32707

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 reissuing) DATE _____

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

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORE, CHANDULAL 206 WILSHIRE BLVD STE 427 CASSELBERY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BBORE, CHANDULAL 238 WILSHIRE BLVD STE 149 CASSELBERY FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATI, GYAN 206 WILSHIRE BLVD STE 427 CASSELBERY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	238 WILSHIRE BLVD STE 149 CASSELBERY FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE: Chandulal Bore (President) Date: 05/4/04