

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P02000000962

1. Entity Name
ALPESH ENTERPRISES, INC.



Principal Place of Business
338 S SCENIC HWY
LAKE WALES, FL 33853

Mailing Address
338 S SCENIC HWY
LAKE WALES, FL 33853



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0555152

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAROPAWALA, JAYNIA
4240 MAHOGANY RUN SE.
WINTER HAVEN, FL 33884

**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**

U00000794253
01/25/08-80041-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME TAROPAWALA, RAMESH
STREET ADDRESS 4240 MAHOGANY RUN S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME TAROPAWALA, MINAXIBEN
STREET ADDRESS 4240 MAHOGANY RUN S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME TAROPAWALA, JAYNIN
STREET ADDRESS 4240 MAHOGANY RUN S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME TAROPAWALA, KARTIV
STREET ADDRESS 4240 MAHOGANY RUN S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Kartiv Taropawala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #