

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90005 031 ***150.00

DOCUMENT # P02000004205

1. Entity Name
JALA KMR INC.



Principal Place of Business
**10563 TAMiami TRAIL N.
NAPLES, FL 34108**

Mailing Address
**10563 TAMiami TRAIL N.
NAPLES, FL 34108**

54064406



2. Principal Place of Business
897 13800 TAMiami TR N

3. Mailing Address
13800 Tamiami TR N

07.12004 Chg-P. CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
80-0028159

Applied For
Not Applicable

Zip
34110

Country
USA

Zip
34110

Country
USA

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

6. Name and Address of Current Registered Agent

**PATEL, AJAY
10563 TAMiami TRAIL N.
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name **PATEL AJAY R**

Street Address (P.O. Box Number is Not Acceptable)

1647 MANCHESTER CT

City **NAPLES**

FL

Zip Code **34109**

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
Due by September 8, 2004**

9. Election-Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **PATEL, AJAY**
STREET ADDRESS **10563 TAMiami TRAIL N.**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☐ Delete
NAME **PATEL, KISHOR C**
STREET ADDRESS **850 105TH AVE N**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Patel, Ajay R, Patel Sunali A, Patel Roma A [JT TEN]**
STREET ADDRESS **1647 Manchester Ct.**
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-04

269-0126

Date

Daytime Phone #