

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90023 030 ***550.00

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DOCUMENT # P02000046064

1. Entity Name
KHUSHBU, INC.



Principal Place of Business
3014 SW 20TH ST #H202
OCALA FL 34474

Mailing Address
3014 SW 20TH ST #H202
OCALA FL 34474



2. Principal Place of Business
108 N. MAGNOLIA AVE.

3. Mailing Address
3012 SW 20th St.

Suite, Apt. #, etc.
2nd FLOOR, # 20020

Suite, Apt. #, etc.
APP # G-104,

CHECK HERE IF MAKING CHANGES

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
68-0502537

Applied For
 Not Applicable

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

Zip 34478 **Country** U.S.A **Zip** 34474 **Country** U.S.A

6. Name and Address of Current Registered Agent
PATEL, SHALESHKUMAR
3014 SW 20TH ST #H202
OCALA FL 34474

7. Name and Address of New Registered Agent
Name: PATEL SHALESHKUMAR
Street Address (P.O. Box Number is Not Acceptable): 3012 SW 20th St,
APP # G-104,
City: Ocala FL Zip Code: 34474

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: S.N. Patel DATE: 08/25/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, SHALESHKUMAR 3014 SW 20TH ST #H202 OCALA FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, SHALESHKUMAR 3012 SW 20th St, APP # G-104 OCALA, FL - 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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)(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 REQUIRED DATE: 08/25/2003 DAYTIME PHONE #: 352-873-2234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (4/03)