


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90031 008 ***150.00

DOCUMENT # P02000070168 1. Entity Name BALRAM ASSOCIATES INC.			
Principal Place of Business 2520 NORTH 50TH STREET TAMPA, FL 33619		Mailing Address 2520 NORTH 50TH STREET TAMPA, FL 33619	
2. Principal Place of Business 2711 54th Avenue North Suite, Apt. #, etc.		3. Mailing Address 2711 54th Avenue North Suite, Apt. #, etc.	
City & State St. Petersburg, FLORIDA		City & State St. Petersburg, FLORIDA	
Zip 33714	Country USA	Zip 33714	Country USA
4. FEI Number 04-3693999		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 PATEL, NITESH 2520 NORTH 50TH STREET TAMPA, FL 33619		7. Name and Address of New Registered Agent Name PATEL, NILESH Street Address (P.O. Box Number is Not Acceptable) 2711 54th Avenue North City St. Petersburg FL Zip Code 33714	
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 <u><i>Nitish Patel</i></u> NILESH PATEL Vice-President 2/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, JAYESH 2520 N. 50THST TAMPA, FL 33619	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, GKANSHYAM 3314 S DALE MABRY TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MISTRY, ARUN 701 N. 74TH AVE TAMPA, FL 33624	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATEL, NILESH 3314 S DALE MABRY TAMPA, FL 33629	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O PATEL, RAVI 4501 34TH ST SOUTH ST. PETERSBURG, FL 32711	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O PATEL, PRADIP C 3314 S. DALE MABLE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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		
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		
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: <u><i>Nitish Patel</i></u> NILESH PATEL 2/22/05 813-786-3286 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			