2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 14, 2004 8:00 am Secretary of State **DOCUMENT # P02000071485** 07-14-2004 90008 010 ***150 00 1. Entity Name VIMLA, INC. Principal Place of Business Mailing Address AU AU U AA 3200 N CHICKASAW WAY 3200 N CHICKASAW WAY **BEVERLY HILLS, FL 34465** BEVERLY HILLS, FL 34465 07122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1630512 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . 🖂 6. Name and Address of Current Registered Agent PATEL, RAJESH DO NOT WRITE 3200 N CHICKASAW WAY BEVERLY HILLS, FL: 34465 IN THIS SPACE 18 18 m 8. The above ramed 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 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE PATEL, RAJESH NAME STREET ADDRESS 3200 N CHICKASAW WAY BEVERLY HILLS, FL 34465 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO=NOT=WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-746-7723

FILED

HHachment 44048641 #10200071485

DIVISION OF CORPORATION. Foorida Dept. of state.

FOR ANNUAL REPORT DID'T REZEIVED IST NOTIZE. PLEASE WAIVE A PENLTY \$400 =.

THANK YOU R PATEL 352-746- 7723.