


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000073439	
1. Entity Name EKDANT CORPORATION	

Principal Place of Business 3465 COASTAL HIGHWAY SAINT AUGUSTINE, FL 32084	Mailing Address 1757 NORTH TEMPLE AVENUE STARKE, FL 32091
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0552053	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATEL, MAHENDRAKUMAR H 1757 NORTH TEMPLE AVENUE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATEL, KUNAL M 1757 NORTH TEMPLE AVENUE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATEL, KIRUBEN M 1757 NORTH TEMPLE AVENUE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATEL, NIKITA M 1757 NORTH TEMPLE AVENUE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/13/05-80041-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patel Mahendrakumar H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-05 906 964 2025
Date Daytime Phone #