


**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90240 044 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000104345</b>			
1. Entity Name <b>KAIWAL INTERNATIONAL, INC.</b>			
Principal Place of Business <b>266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707</b>		Mailing Address <b>266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707</b>	
2. Principal Place of Business <b>238 WILSHIRE BLVD</b>		3. Mailing Address <b>238 WILSHIRE BLVD</b>	
Suite, Apt. #, etc. <b>STE 149</b>		Suite, Apt. #, etc. <b>STE 149</b>	
City & State <b>CASSELBERRY FL</b>		City & State <b>CASSELBERRY FL</b>	
Zip <b>32707</b>	Country <b>USA</b>	Zip <b>32707</b>	Country <b>USA</b>
4. FEI Number <b>141878577</b>		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 <b>BHAI PATEL, VIJAY KUMAR C 266 WILSHIRE BLVD, STE 127 CASSELBERRY, FL 32707</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>238 WILSHIRE BLVD STE 149</b> City <b>CASSELBERRY</b> FL Zip Code <b>32707</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BHAI PATEL, VIJAY KUMAR C <del>266 WILSHIRE BLVD, STE 127</del> CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>238 WILSHIRE BLVD STE 149 CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KUMAR PATEL, DAKSHABEN J <del>266 WILSHIRE BLVD, STE 127</del> CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>238 WILSHIRE BLVD STE 149 CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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>S. Patel</i></u>		Date: <u>04/21/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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