

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90034 037 ***150.00

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01112006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000004574					
1. Entity Name UMIYA MATA, INC.					
Principal Place of Business 303 WEST BASE STREET MADISON, FL 32340			Mailing Address 303 WEST BASE STREET MADISON, FL 32340		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0663399	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, ARVIND M 303 W BASE STREET MADISON, FL 32340-2001			7. Name and Address of New Registered Agent Name <u>Patel, Ramabhai K</u> Street Address (P.O. Box Number is Not Acceptable) <u>309 SW Macon St</u> City <u>Madison</u> FL Zip Code <u>32340</u>		
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>Ramabhai K. Patel</u> <u>R. K. Patel</u> <u>01-16-2006</u> <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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, HASMUKH 303 WEST BASE STREET MADISON, FL 32340 <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	D PATEL, ARVIND M 303 WEST BASE STREET MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patel, Ramabhai K. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 309 SW Macon St Madison FL 32340		
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		
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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 exemptions contained in Chapter 119, 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>Ramabhai K. Patel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>R. K. Patel</u> <u>01-16-2006</u> <small>Date Daytime Phone #</small>		

(850 973 4581)