


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000014293 1. Entity Name JALA KRUTI INC.	
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Principal Place of Business 3038 DEL PRADO BLVD CAPE CORAL, FL 33904	Mailing Address 3038 DEL PRADO BLVD CAPE CORAL, FL 33904
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01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3766196	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, AJAY R 1647 MANCHESTER CT NAPLES, FL 34109
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, AJAY R 1647 MANCHESTER CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SUNAI A 1647 MANCHESTER CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, ROMA A 1647 MANCHESTER CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, ALPESHKUMAR R 1438 31ST TER SE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11447031
11/13/06-80036-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 839 269 0126
Date Officer's Phone #