

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90107 043 ***150.00

DOCUMENT # P03000018187					
1. Entity Name ANJALI FOOD MART, INC.					
Principal Place of Business 1171 S LANE AVE APT 1403 JACKSONVILLE, FL 32205			Mailing Address 1171 S LANE AVE APT 1403 JACKSONVILLE, FL 32205		
2. Principal Place of Business 4022 ATLANTIC BLVD		3. Mailing Address 1078 AUTUMN TREE LN		30060028	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State ORANGE PARK, FL		03112005 Chg-P CR2E034 (10/03)	
Zip 32207 Country DUVAL		Zip 32065 Country CLAY		4. FEI Number 59-3767103	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L STE 201 ST MARKS PL 1930 SAN MARCO BLVD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent		
Name —			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PANCHAL, RAJESH R 1171 S LANE AVE APT 1403 1078 AUTUMN TREE LN JACKSONVILLE, FL 32205 ORANGE PARK FL 32065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ RAJESH PANCHAL 3/11/05 904-399-5969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					