

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90267 016 ***150.00

DOCUMENT # P03000027918

1. Entity Name

SUVICHAR CORPORATION



Principal Place of Business

**11262 ST AUGUSTINE RD
JACKSONVILLE FL 32257-1142**

Mailing Address

**11262 ST AUGUSTINE RD
JACKSONVILLE FL 32257-1142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-3713058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, VINOD M
11262 ST AUGUSTINE RD
JACKSONVILLE FL 32257-1142**

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

Vinod M. Patel

VINOD M. PATEL, PRESIDENT

3/1/2006

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, VINOD M	
STREET ADDRESS	11262 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257-1142	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATEL, SUREKHA V	
STREET ADDRESS	11262 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257-1142	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, ROSHNI V	
STREET ADDRESS	11262 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257-1142	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, CHIRAG V	
STREET ADDRESS	11262 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257-1142	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, KAVITAK	
STREET ADDRESS	11262 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257-1142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, KAVITA K	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Vinod M. Patel

VINOD M. PATEL, PRESIDENT

3/1/2006 (904) 899-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #