


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 A
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3713058		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, VINOD M 11262 ST AUGUSTINE RD JACKSONVILLE FL 32257-1142	

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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, KAVITA K
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	
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 2/8/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR