FROM :AIRBORNE SYSTEMS FAX NO. :9547760527

FILED
Jun 02, 2004 8:00 am
Secretary of State
04-30-2004 90316 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000030378

1. Entity Name: VISHAL GROUP, INC.

66420340
Fe I #
76-0727707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2107 CONGRESSIONAL WAY	2107 CONGRESSIONAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH, FL	City & State: DEERFIELD BEACH, FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number: 76-0727707 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: THANKACHEN SAM, P.A.
Street Address (P.O. Box Number is Not Acceptable): 446 W HILLSBORO BOULEVARD
City: DEERFIELD BEACH FL Zip Code 33441

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	BHATIA, VISHAL R	NAME	
STREET ADDRESS	2107 CONGRESSIONAL WAY	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: VRBhatia (VISHAL BHATIA) 04/25/04 (954)5474417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #