

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90015 037 ***150.00

DOCUMENT # P03000039062

1. Entity Name
JAI VIGNESH, INC.



Principal Place of Business
**5319 AIRPORT PULLING RD
NAPLES, FL 34109**

Mailing Address
**5319 AIRPORT PULLING RD
NAPLES, FL 34109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112004 Chg-P CR2E034 (10/03)

4. FEI Number

77-059 7720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, AJAY R
5319 AIRPORT PULLING RD
NAPLES, FL, FL 34109**

7. Name and Address of New Registered Agent

Name **PATEL AJAY R**
Street Address (P.O. Box Number is Not Acceptable)

1647 MANCHESTER CT

City **NAPLES**

FL

Zip Code **34109**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **PATEL, AJAY R**
STREET ADDRESS **5319 AIRPORT PULLING RD**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Patel, Ajay R, Patel Sunali A, Patel Roma A [JT TEN]**
STREET ADDRESS **1647 Manchester Ct.**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **D** ☐ Change ☒ Addition
NAME **LAKSHMIPATHY SOMAVARAM**
STREET ADDRESS **#1850 105th AVE. N.**
CITY-ST-ZIP **NAPLES - FL - 34109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/04

PATEL

Date

Daytime Phone