

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2007 08:00 AM
Secretary of State

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**



07302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0597720

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
1647 MANCHESTER CT
NAPLES, FL, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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)

000000772070
08/14/07-80003-010 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, AJAY R 1647 MANCHESTER CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SUNAI A 1647 MANCHESTER CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, ROMA A 1647 MANCHESTER CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMAVARAM, LAKSHMIPATHY 1850 105TH AVE N NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/07

Date

239 269 0126

Daytime Phone #