

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90112 032 ***150.00

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1. Entity Name
BANSAL ENTERPRISES, INC.



Principal Place of Business
**605 S BEACH ROAD
TEQUESTA, FL 33469**

Mailing Address
**605 S BEACH ROAD
TEQUESTA, FL 33469**

6012243



DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1165048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SVERSON, JOHN M
1400 CENTREPARK BLVD SUITE 860
WEST PALM BEACH, FL 33401**

**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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BANSAL, REJENDRA K
STREET ADDRESS	605 S BEACH ROAD
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D
NAME	MISTRY, URMILA
STREET ADDRESS	605 S BEACH ROAD
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1-30-07

Date

561-746-2411

Daytime Phone #