

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-17-2004 90012 041 ***150.00

66400100



MOORE CR2E034 (11/03)

DOCUMENT # P03000044430- 1. Entity Name DEVANJALI INC.					
Principal Place of Business 2595 54 AVE NORTH ST PETERSBURG FL 33714			Mailing Address 2595 54 AVE NORTH ST PETERSBURG FL 33714		
2. Principal Place of Business 1400 34th St. No		3. Mailing Address Suite, Apt. #, etc.			
City & State Saint Petersburg, Fla.		City & State Suite, Apt. #, etc.		4. FEI Number 364528930	
Zip 33713		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000			7. Name and Address of New Registered Agent Name THAKOR M. PATEL Street Address (P.O. Box Number is Not Acceptable) 2595 54th Ave. No. City Saint Petersburg, FL Zip Code 33714		
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 THAKOR PATEL <i>[Signature]</i> 1/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME PATEL, T M STREET ADDRESS 2595 54 AVE NORTH CITY-ST-ZIP ST PETERSBURG FL 33714			TITLE VP NAME PIYUSH S. PATEL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2595 54th Ave. No CITY-ST-ZIP Saint Petersburg, Fla. 33714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE VP NAME THAKOR M. PATEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2595 54th Ave. No CITY-ST-ZIP Saint Petersburg, Fla. 33714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE ST NAME PATEL Chittaranjan K <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2595 54th Ave. No CITY-ST-ZIP Saint Petersburg, Fla. 33714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE S NAME PATEL Suresh P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2595 54th Ave. No CITY-ST-ZIP Saint Petersburg, Fla. 33714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: THAKOR M. PATEL <i>[Signature]</i> 1/22/04 712-522-3191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					