

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000044430

1. Entity Name
DEVANJALI INC.



Principal Place of Business

**1400 34TH ST NO.L
SAINT PETERSBURG, FL 33713**

Mailing Address

**2595 54 AVE NORTH
ST PETERSBURG, FL 33714**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4528930

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**PATEZ, THAKOR M
2595 54TH AVE. N
SAINT PETERSBURG, FL 33714**

**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 PD
NAME PATEL, T M
STREET ADDRESS 2595 54 AVE NORTH
CITY-ST- ZIP ST PETERSBURG, FL 33714

TITLE VP
NAME PATEL, THAKOR M
STREET ADDRESS 2595 54TH AVE. NO.
CITY-ST- ZIP SAINT PETERSBURG, FL 33714

TITLE ST
NAME PATEL, CHITTEANJANK
STREET ADDRESS 2595 54TH AVE. NO
CITY-ST- ZIP SAINT PETERSBURG, FL 33714

TITLE S
NAME PATEL, SURESH P
STREET ADDRESS 2595 54TH AVE. NO
CITY-ST- ZIP SAINT PETERSBURG, FL 33714

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

U00000662102
03/20/07-80070-004 150.00

**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

Date

Daytime Phone #

THAKOR PATEZ

3/4/07 728
522-3191