2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90040 027 ***150.00

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1. Entity Name
JASHODA CORP

Principal Place of Business	Mailing Address
395 BERKLEY ROAD AUBURNDALE, FL 33823 US	395 BERKLEY ROAD AUBURNDALE, FL 33823 US

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		281 Ruby Lake Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Winter Haven FL	
Zip	Country	Zip: 33884	Country

4. FEI Number: 56-2365109 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATEL, VINOD G 395 BERKLEY ROAD AUBURNDALE, FL 33823	Name: AKSHAY DAVE Street Address (P.O. Box Number is Not Acceptable): 281 Ruby Lake Lane City: Winter Haven FL Zip Code: 33884

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] AKSHAY DAVE DATE: 1/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, VINOD G		NAME	
STREET ADDRESS	395 BERKLEY ROAD		STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, ASHA V		NAME	
STREET ADDRESS	395 BERKLEY ROAD		STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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] Vinod Patel President 1-28-04 863-965-2991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #