

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000061266

1. Entity Name  
JASHODA CORP



**FILED  
May 04, 2005 8:00 am  
Secretary of State**

05-04-2005 90127 018 \*\*\*150.00

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

Mailing Address  
281 RUBYLAKE LANE  
WINTER HAVEN, FL 33884 US

2. Principal Place of Business

3. Mailing Address

395 Berkley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Auburndale, FL 33884

Zip

Zip

Country

USA

04232005 Chg-P CR2E034 (10/03)

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

AKSHAY, DAVE  
281 RUBY LAKE LANE  
WINTER HAVEN, FL 33884

Name *Vinod Patel*

Street Address (P.O. Box Number is Not Acceptable)

395 Berkley Road

City *Auburndale*

FL Zip Code *33823*

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 *Vinod Patel* *Vinod Patel*

(NOTE: Registered Agent signature required when re-stating)

DATE *4-28-05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PATEL, VINOD G  
STREET ADDRESS 395 BERKLEY ROAD  
CITY-ST-ZIP AUBURNDALE, FL 33823

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE VP  
NAME PATEL, ASHA V  
STREET ADDRESS 395 BERKLEY ROAD  
CITY-ST-ZIP AUBURNDALE, FL 33823

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

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 it 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: *Vinod Patel* *Vinod Patel president* *863-965-2991*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4/28/05* Daytime Phone #