2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90192 024 ***150.00

DOCUMENT # P03000071322

1. Entity Name
KRUPS, INC

24068127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6285 US HWY 301 N	6285 U.S. Hwy 301 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELLENTON, FL	City & State: ELLENTON, FL
Zip: 34222 Country	Zip: 34222 Country

4. FEI Number: 37-1469599 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PATEL, PARESH

Street Address (P.O. Box Number is Not Acceptable): 5207 HWY 19 NORTH

City: PALMETTO, FL Zip Code: 34221

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] 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, MUKUND M
STREET ADDRESS	5207 HWY 19 NORTH
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	PATEL, PARESH
STREET ADDRESS	5207 HWY 19 NORTH
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	SEC
NAME	PATEL, KAMINI M
STREET ADDRESS	5207 HWY 19 NORTH
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	TRES
NAME	PATEL, DIPTI
STREET ADDRESS	5207 HWY 19 NORTH
CITY-ST-ZIP	PALMETTO, FL 34221
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date