## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000081552

Entity Name: KRISHNA OF JACKSONVILLE, INC.

FILED Mar 22, 2007 Secretary of State

Name and Address of Current Registered Agent:  PATEL, C.J. 401 LORING AVE #516 ORANGE PK, FL 32073 US  The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS  Title:  D () Delete Name: PATEL, C.J. Address: ADDITIONS/CHANGES TO OFFICERS  ORANGES: Address: City-St-Zip: ORANGE PK, FL 32073  City-St-Zip:  Title: D () Delete Title: () Change () Additionally City-St-Zip:  Title: D () Delete Title: D () Delete Title: D () Change () Additionally City-St-Zip:  Title: D Name: PATEL, AMIT Name:	•		- · · · · · · · · · · · · · · · · · · ·			
Current Mailing Address:  401 LORING AVE #516 ORANGE PK, FL 32073  FEI Number: 20-0114562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Sta Name and Address of Current Registered Agent:  Name and Address of New Registered PATEL, C. J. 401 LORING AVE #516 ORANGE PK, FL 32073 US  The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS  Title: D ( ) Delete Name: PATEL, C.J. Address: 401 LORING AVE #516 City-st-Zip: ORANGE PK, FL 32073  Title: D ( ) Delete Title: ( ) Change ( ) Additional contribution ( ) City-st-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Additional contribution ( ) City-st-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Additional contribution ( ) City-st-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Additional contribution ( ) City-st-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Additional contribution ( ) Change ( ) Additional contributi	Current Pri	incipal Place o	of Business:	New Principal Place	New Principal Place of Business:	
A01 LORING AVE #516 ORANGE PK, FL 32073  FEI Number: 20-0114562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of State  Name and Address of Current Registered Agent:  Name and Address of New Registered  PATEL, C.J. 401 LORING AVE #516 ORANGE PK, FL 32073 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: ORANGE PK, FL 32073  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: PATEL, AMIT						
PEI Number: 20-0114562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Sta  Name and Address of Current Registered Agent:  Name and Address of New Registered  PATEL, C.J.  401 LORING AVE #516  ORANGE PK, FL 32073 US  The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS  Title: D ( ) Delete Title: ( ) Change ( ) Additional Name: PATEL, C.J.  Address: ( ) City-St-Zip: ( ) Change ( ) Additional Name: PATEL, AMIT	Current Ma	iling Address	:	New Mailing Addres	ss:	
Name and Address of Current Registered Agent:  PATEL, C.J. 401 LORING AVE #516 ORANGE PK, FL 32073 US  The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS  Title:  D () Delete Name: PATEL, C.J. Address: ADDITIONS/CHANGES TO OFFICERS  City-St-Zip: ORANGE PK, FL 32073  City-St-Zip:  Title: D () Change () Additional City-St-Zip:  Title: D () Delete Title: D () Change () Additional City-St-Zip:  Title: D () Delete Title: D () Change () Additional City-St-Zip:  Title: D () Delete Title: D () Change () Additional City-St-Zip:  Title: D () Change () Additional City-St-Zip:  Title: D Name: PATEL, AMIT						
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Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  Title:  D () Delete  Name: PATEL, C.J. Address: City-St-Zip: ORANGE PK, FL 32073  Title: D () Delete  Title: City-St-Zip: Title: D () Delete  Title: City-St-Zip: Title: D () Change () Additional Contribution ( ).  Title: D () Change () Additional Contribution ( ).	401 LORING ORANGE P The above r In the State	G AVE #516 K, FL 32073 named entity su of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
OFFICERS AND DIRECTORS:  OFFICERS AND DIRECTORS:  Title:  D () Delete  Name: PATEL, C.J. Address: 401 LORING AVE #516 City-St-Zip: ORANGE PK, FL 32073  Title: D () Delete Title: () Change () Additional Control Cont	SIGNATOR		: Signature of Registered Age	ent	 Date	
Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition Name:           Name:         PATEL, C.J.         Name:           Address:         401 LORING AVE #516         Address:           City-St-Zip:         ORANGE PK, FL 32073         City-St-Zip:           Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition Name:	Election Cam	paign Financing 1	Trust Fund Contribution ( ).			
Name:         PATEL, C.J.         Name:           Address:         401 LORING AVE #516         Address:           City-St-Zip:         ORANGE PK, FL 32073         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition Name:	OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: PATEL, AMIT Name:	Name: Address:	PATEL, C.J. 401 LORING AVE	#516	Name: Address:	( ) Change( ) Addition	
Address: 401 LORING AVE #516 Address: City-St-Zip: ORANGE PK, FL 32073 City-St-Zip:	Name: Address:	PATEL, AMIT 401 LORING AVE	#516	Name: Address:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CJ PATEL PRES 03/22/2007