


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90033 004 \*\*\*155.00

<b>DOCUMENT # P03000087524</b> 1. Entity Name <b>MARUTI AT LAKE WALES, INC</b>	
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Principal Place of Business <b>18700 US HWY 27 SOUTH LAKE WALES, FL 33853 US</b>	Mailing Address <b>18700 US HWY 27 SOUTH LAKE WALES, FL 33853 US</b>
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**DO NOT WRITE IN THIS SPACE**



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>81-0627380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**PATEL, SHAMBHU  
18700 US HWY 27 SOUTH  
LAKE WALES, FL 33853**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PATEL, FALGUNI S 18700 US HWY 27 SOUTH LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTP PATEL, SHAMBHU M 18700 US HWY 27 SOUTH LAKE WALES, FL 33853
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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:** Shambhu M Patel **July-08-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #