

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107511

FILED
Apr 28, 2005
Secretary of State

Entity Name: AVIGHNA INC.

Current Principal Place of Business:

883 E. BLOOMINGDALE AVE
TAMPA, FL 33511

New Principal Place of Business:

883 E. BLOOMINGDALE AVE
BRANDON, FL 33511

Current Mailing Address:

3814 W. EUCLID AVE
APT 5
TAMPA, FL 33629

New Mailing Address:

883 E. BLOOMINGDALE AVE
BRANDON, FL 33511

FEI Number: 73-1687055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, TUSHAR K
3814 W. EUCLID AVE
5
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATEL, TUSHAR K
Address: 3814 W. EUCLID AVE APT# 5
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Delete
Name: PATEL, GEETABEN N
Address: 8408 N. WATERFORD AVE T2
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TUSHAR K. PATEL

PD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date