


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90005 036 \*\*\*150.00

**DOCUMENT # P03000109200**

1. Entity Name  
**CHERRYBROOK INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
**18830 STATE ROAD 19**      **PO BOX 397**  
**GROVELAND, FL 34736**      **GROVELAND, FL 34736**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

900051010



01172007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-0236304**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BHAGANI, SUDHIR**  
**15501 CATHERINE CIRCLE**  
**GROVELAND, FL 34736**

**7. Name and Address of New Registered Agent**

Name **JAYSHREE BHAGANI**  
 Street Address (P.O. Box Number is Not Acceptable) **7988 INDIANHOUSE LN**  
 City **GROVELAND**      FL      Zip Code **34736**

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 J Bhagani      DATE 1/17/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BHAGANI, SUDHIR</b>	
STREET ADDRESS	<b>15501 CATHERINE CIRCLE</b>	
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BHAGANI, JAYSHREE</b>	
STREET ADDRESS	<b>15501 CATHERINE CIRCLE</b>	
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PRESIDENT (P)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAYSHREE BHAGANI</b>	
STREET ADDRESS	<b>7988 INDIANHOUSE LN</b>	
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	
TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NITESH BHAGANI</b>	
STREET ADDRESS	<b>7988 INDIANHOUSE LN</b>	
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	
TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RITESH BHAGANI</b>	
STREET ADDRESS	<b>7988 INDIANHOUSE LN</b>	
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature]      DATE 1/17/07      DAYTIME PHONE # 352-429-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR