

## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 29 AM 8:21

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



05222007 Chg-P CR2E034 (12/06)

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

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

**DOCUMENT # P03000109200**

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



Principal Place of Business  
**18830 STATE ROAD 19  
GROVELAND, FL 34736**

Mailing Address  
**PO BOX 397  
GROVELAND, FL 34736**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

6. Name and Address of Current Registered Agent

**BHAGANI, JAYSHREE  
7988 INDIANHOUSE LN  
GROVELAND, FL 34736**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Bhagani* (NOTE: Registered Agent signature required when reinstating) DATE 5/22/07

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

**Amended AR is \$61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BHAGANI, JAYSHREE</b> <b>1988 INDIANHOUSE LN</b> <b>GROVELAND, FL 34736</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100103984841</b> <b>06/06/07--01038--007 **70.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>RITESH BHAGANI</b> <b>7988 INDIANHOUSE LANE</b> <b>GROVELAND FL 34736</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>NITESH BHAGANI</b> <b>7988 INDIANHOUSE LANE</b> <b>GROVELAND FL 34736</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bhagani* DATE: 5/22/07 DAYTIME PHONE #: 352 429 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR