

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90013 006 ***150.00

DOCUMENT # P03000111099
 1. Entity Name
 ALPESH AND BROTHERS, INC.



Principal Place of Business: 900 STATE RD 60 W, LAKE WALES, FL 33859
 Mailing Address: 338 S SCENIC HWY, LAKE WALES, FL 33853



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 75-3131395 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BUSH, GEORGE T
 205 AVE K SE
 WINTER HAVEN, FL 33880

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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: JAYNIN T. TAROPAWALA *J.R. Kurobuchi*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALA, RAMESH T
STREET ADDRESS	4240 MAHOGANY RUN SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S
NAME	WALA, JAYNIN T
STREET ADDRESS	4240 MAHOGANY RUN SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	V
NAME	WALA, MINAXIBEN T
STREET ADDRESS	4240 MAHOGANY RUN SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	T
NAME	WALA, KARTIV T
STREET ADDRESS	4240 MAHOGANY RUN SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: J.R. Kurobuchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____