

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000111742**

1. Entity Name  
**CHANDPURIA ENTERPRISES INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**04 MAR 25 PM 4:58**

Principal Place of Business      Mailing Address  
~~1158 OLD FORT DRIVE~~ **907 Gamble St.**      ~~1158 OLD FORT DRIVE~~ **907 Gamble St.**  
TALLAHASSEE, FL ~~32301~~ **32310**      TALLAHASSEE, FL ~~32301~~ **32310**

2. Principal Place of Business      3. Mailing Address  
**907 Gamble St.**      **907 Gamble St**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.



03222004      Chg-P      CR2E034 (10/03)

City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>13-4267264</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32310</b>	Country <b>USA</b>	Zip <b>32310</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>JAIN, PUSHPA</b> <b>1158 OLD FORT DRIVE</b> <b>TALLAHASSEE, FL 32301</b>	<b>7. Name and Address of New Registered Agent</b>  Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____  City: _____ <b>FL</b> Zip Code: _____
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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: *Pushpa Jain, President*      DATE: *3/23/04*

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIN, BABU		NAME	<b>900031764519</b>	
STREET ADDRESS	1158 OLD FORT DRIVE		STREET ADDRESS	<b>04/05/04--01008--018 **150.00</b>	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIN, PUSHPA		NAME		
STREET ADDRESS	1158 OLD FORT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIN, PIYUSH		NAME		
STREET ADDRESS	1158 OLD FORT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *PUSHPA JAIN*      Date: *3/23/04 (830)*      Daytime Phone #: *577-9375*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR