## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 13, 2008 08:00 AM te

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DOCUMENT # P03000112943  1. Entity Name BHOGAYTA BROTHERS INC.					Secretary of Sta		
4020 NE 6	ce of Business AVE ARK, FL 33334	Mailing Address 4020 NE 6 AVE OAKLAND PARK, FL 33334	<u> </u>		4101 ANN 8815 BEIN 8831 HEEN HSID	1 11823 (811) 118 88 11888 (1 188)	
С	OO NOT WRITE	IN THIS SPA	CE	02012008 4. FEI Number 20-1455		E034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current R	agistered Agent					
BHOGAYTA, SANJAY J 4020 NE 6 AVE OAKLAND PARK, FL 33334				DO NOT WRITE IN THIS SPACE			
	e named entity submits this statement for littins of registered agent  Signature typed or proted name of registered agent an			gistered agent, or both equired when reinstating)	, in the State of Florida Tar		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. SITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BHOGAYTA, SANJAY J 4020 NE 6 TH AVE OAKLAND PARK, FL 33334	RECTORS	_	5.3			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	STD BHOGAYTA, TAILESH M 4020 NE 6 TH AVE OAKLAND PARK, FL 33334				0000008257 02/21/08-8002	87 3008 <b>15</b> 0.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRIT	Έ	
NAME SPREET ADDRESS CITY-ST-ZIP	*			IN T	HIS SPAC	E	
NAME STREET ADDRESS							

12. Thereby 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 will an address, with all other like empowered.

CHY-SI-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP

SIGNATURE: Phogram

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954-5618181