


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90426 024 ***150.00

DOCUMENT # P03000129189	
1. Entity Name O'HANA FOODS, INC.	

Principal Place of Business 1488 E SEMORAN BLVD APOPKA, FL 32703	Mailing Address 1488 E SEMORAN BLVD APOPKA, FL 32703
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0375602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, AMRISH 1488 E SEMORAN BLVD APOPKA, FL 32703

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATEL, AMRISH 1488 E SEMORAN BLVD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATEL, MAYUR 1660 GOLD OAKS RD DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PATEL, NILESH 31799 US HWY 27 S HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, UTPAL 25220 COUNTY RD 42 PAISLEY, FL 32767
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: <u>Amrish Patel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04-29-05 (407) 886-7644 <small>Date Daytime Phone #</small>
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