


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90022 021 \*\*\*150.00

<b>DOCUMENT # P04000014194</b>	
1. Entity Name <b>VISHAL INTERNATIONAL, INC.</b>	

Principal Place of Business <b>238 WILSHIRE BLVD, STE 153 CASSELBERRY, FL 32707</b>	Mailing Address <b>238 WILSHIRE BLVD, STE 153 CASSELBERRY, FL 32707</b>
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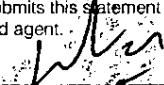
40050050



2. Principal Place of Business <b>950 S WINTERPARK DRIVE</b>	3. Mailing Address <b>950-S-WINTERPARK DRIVE</b>
Suite, Apt. #, etc. <b># 305</b>	Suite, Apt. #, etc. <b># 305</b>
City & State <b>CASSELBERRY</b>	City & State <b>CASSELBERRY</b>
Zip <b>32707</b>	Country <b>USA</b>

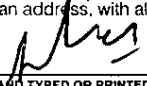
04092005 Chg-P CR2E034 (10/03)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>RANCHODHAI PATEL, SURYAKANT 238 WILSHIRE BLVD, STE 153 CASSELBERRY, FL 32707</b>		

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>950-S-WINTERPARK DRIVE</b> <b># 305</b> City <b>CASSELBERRY</b> FL Zip Code <b>32707</b>	
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: 	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. RANCHODHAI PATEL, SURYAKANT</b> <b>238 WILSHIRE BLVD, STE 153</b> <b>CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: 	04/07/2005 407-263-3600 Date Daytime Phone #