

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000016169**

1. Entity Name  
**KERICHO, INC.**



Principal Place of Business  
**4909 N.W. 34TH STREET  
GAINESVILLE, FL 32605**

Mailing Address  
**4909 N.W. 34TH STREET  
GAINESVILLE, FL 32605**

**DO NOT WRITE IN THIS SPACE**



05212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0654145</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PATEL, SURYAKANT  
4919 NW 34 ST  
GAINESVILLE, FL 32605**

**DO NOT WRITE  
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 \_\_\_\_\_  
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  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VS
NAME	PATEL, MANU A
STREET ADDRESS	6529 MILHOPPER ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	P
NAME	PATEL, SURYAKANT
STREET ADDRESS	6529 MILLHOPPER ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VT
NAME	PATEL, MINESH A
STREET ADDRESS	6529 MILLHOPPER ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80062-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/08  
Date

352-375-7881  
Daytime Phone #