


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90063 036 \*\*\*150.00

<b>DOCUMENT # P04000016210</b> 1. Entity Name <b>KABIR TRADING, INC.</b>			
Principal Place of Business <b>238 WILSHIRE BLVD., SUITE 149 CASSELBERRY, FL 32707</b>		Mailing Address <b>238 WILSHIRE BLVD., SUITE 149 CASSELBERRY, FL 32707</b>	
2. Principal Place of Business <b>950 S Winter Park Dr.</b>		3. Mailing Address <b>950 S Winter Park Dr</b>	
Suite, Apt. #, etc. <b>Suite 305</b>		Suite, Apt. #, etc. <b>Suite 305</b>	
City & State <b>Casselberry FL</b>		City & State <b>Casselberry, FL</b>	
Zip <b>32707</b>		Zip <b>32707</b>	
Country 		Country 	
4. FEI Number <b>56-2453254</b>		Applied For <input type="checkbox"/> 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  <b>PATEL, HARSHADKUMAR D 238 WILSHIRE BLVD., SUITE 149 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 Winter Park Drive</b> <b>Suite 305</b> City <b>Casselberry</b> <b>FL</b> 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 <u><i>H. D. Patel</i></u> <span style="float: right;">04-05-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<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"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, HARSHADKUMAR D 238 WILSHIRE BLVD., SUITE 149 CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>950 S Winter Park Dr Ste 305 Casselberry, FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATEL, CHHAYABEN H 238 WILSHIRE BLVD., SUITE 149 CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>950 S Winter Park Dr Ste 305 Casselberry, FL 32707</b>
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: <u><i>H. D. Patel</i></u>		04-05-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	