


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90011 049 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P04000068366</b>                 |  |
| 1. Entity Name<br><b>KAMEEL ENTERPRISE INC</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>3350 S.E. 52ND ST.<br/>OCALA, FL 34480</b> | Mailing Address<br><b>3820 NORTHDAL BLVD.<br/>300-B<br/>TAMPA, FL 33624</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>81-0648692</b>  | Applied For<br><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

**LEHEW, JACK A  
3820 NORTHDAL BLVD.  
300-B  
TAMPA, FL 33624**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

10. OFFICERS AND DIRECTORS

|                 |   |
|-----------------|---|
| TITLE           | <b>WE PRESIDENT</b>                                 |
| NAME            | <b>PATEL, HAGUMAI HASUMATI V.</b>                   |
| STREET ADDRESS  | <b>5050 S.E. 29TH ST. APT. C 3101 S.E. 45th CT.</b> |
| CITY - ST - ZIP | <b>OCALA, FL 34471 Ocala FL- 34480</b>              |
| TITLE           | <b>VP</b>   |
| NAME            | <b>PATEL, VISHNUBAKIB VISHNUBHAI B.</b>             |
| STREET ADDRESS  | <b>3820 NORTHDAL BLVD 300-B 3101 S.E. 45th CT.</b>  |
| CITY - ST - ZIP | <b>TAMPA, FL 33624 Ocala FL- 34480</b>              |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

*please ,  
change Address ,  
please  
thanks.*

**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:** *V. B. Patel* **01-07-08** **352-369-5852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #