

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90215 039 \*\*\*150.00

DOCUMENT # P04000078998

1. Entity Name  
DHRUVANJALI INC.



Principal Place of Business  
2595 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

Mailing Address  
2595 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

Ch # 04/30/08



**DO NOT WRITE IN THIS SPACE**

03072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1159337

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED *Patel Thakorn*  
1203 GOVERNORS SQUARE BLVD  
SUITE 101 *2595 54th Ave. N.O.*  
TALLAHASSEE, FL 32301-2960 *St. Pete. Fl. 33714*

**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

*Thakorn M. Patel*

*04/30/08*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PATEL, THAKOR  
2595 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KAPADIA, SANGITA  
2595 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PATEL, SURESH  
2595 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PATEL, PIYUSH  
2595 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

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 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:

*Thakorn M. Patel*

*04/30/08*

*813-785-7406*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #