2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90271 045 ***158.75

DOCUMENT # P04000081741

1. Entity Name
SWETA PATEL, INC.

Principal Place of Business	Mailing Address
2230 WEKIVIA LN W MELBOURNE, FL 32904	2230 WEKIVIA LN W MELBOURNE, FL 32904

01122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3090, Jupiter Blvd		3090, Jupiter Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALMBAY, FL		City & State PALMBAY FL	
Zip 32909	Country Brevard	Zip 32909	Country Brevard

4. FEI Number 75-3156654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, MUKUNDRAY
903 DEL MAR CIR
W MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MUKUNDRAY 2230 WEKIVIA LN W MELBOURNE, FL 32904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mukund M Patel 1-12-06 321-727-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #