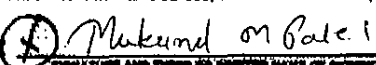
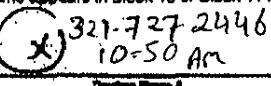


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000081741		
1. Entity Name SWETA PATEL, INC.		
Principal Place of Business 3090 JUPITE BLVD. PALM BAY, FL 32909		Mailing Address 3090 JUPITE BLVD. PALM BAY, FL 32909
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PATEL, MUKUNDRAY 903 DEL MAR CIR W MELBOURNE, FL 32904		4. FEI Number 75-3156654
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 reappointing)		
DATE _____		
FILE NOW! FEE IS \$150.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MUKUNDRAY 2230 WEKIVA LN W MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 the empowered.		
SIGNATURE 		Date 7/02/07 
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR EMPLOYEE		Daytime Phone #