2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

 	ANNUAL H	EPORT (AR	}	Fab 20 2	006 08.00	AM
DOCU 1. Entity Nam	MENT # P040000919	39		Feb 20, 2006 08:00 AM Secretary of State		
KRISHA, I	INC.					
Principal Plac	e of Business	Mailing Address				
2655 NORTH O.B.T. KISSIMMEE FL 34744		2655 NORTH O B T KISSIMMEE FL 34744				
2. Principal Place of Business		3. Mailing Address		1 (22) 22 (2) 25 (2) 25 (3) 25 (4) 25	DIN MANN MANN COUNT STATE STATE STATE	# 18(*88) (*88)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/05)	
City & State		City & State		4. FEI Number 11-37210	37	Applied For Not Applica
Zıp	Country	Zip	Country	5. Certificate of Status Desired	Fee Requ	Additional ired
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New	Registered Agent	
PATEL, KAMLESH R 2655 NORTH O B T KISSIMMEE FL 34744				ess (P.O. Box Number is Not Acceptable)		
			City		FL Zip C	ode
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of	Florida. I am lamiliar wi	th, and acce
SIGNATURE	Signature, typed or printed name of registered age	in and title if applicable (NOT	E Registered Agent signature require	od when reinstating)	DATE	
After	FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	00 of State		9. Election Can Trust Fund C		5.00 May dded to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTI	ORS IN 11
THE	PTD	☐ Delete	title		☐ Chang	
NAME STREET ADDRESS	(PATEL, KAMLESH R)2655 NORTH O B T		NAME STREET ADORESS	ԱԾՈՒ	442097	
CITY-SI-ZIP	KISSIMMEE FL 34744	•	CITY-ST-ZIP	0.3704706-	442097 8000 6-00 3 15	0.00
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MARKE ETHEET ANNOCCE	PATEL, BRIJESH 8		NAME CHILCT ADDRESS			
STREET ADDRESS CITY+ST-ZIP	4521 N. PINEHILLS ROAD ORLANDO FL 32808		STREET ADDRESS CITY-ST-ZIP			
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NAMC STREET ADDRESS	}		NAME STREET ADDRESS			
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NAME Street Address			HAME			
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NAME STREET ADDRESS	}		NAME SIRELI ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby indicated of the could change	certify that the information supplied vid on this report or suppliemental report or progration or the receiver or trustee ered, or on an attachment with an additional content of the cont	with this filing does not qualify it is true and accurate and that is inpowered to execute this reposess, with all other like empowe	for the exemptions contain my signature shall have the int as required by Chapter E ered.	ed in Section 119, Florida Statute e same legal effect as if made und 307, Florida Statutes; and that my t	s. I further certify that it er oath, that I am an offi name appears in Block	te informatic cer or direc 10 or Block

PRINTED NAME OF STONING OFFICER OR ORECTOR

FILED

2/15/06 (407)932-5080