

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90203 036 ***150.00

DOCUMENT # P04000101127					
1. Entity Name SAHJANAND DONUT CORPORATION					
Principal Place of Business 11790 SW 88TH STREET MIAMI, FL 33186-2102			Mailing Address 11790 SW 88TH STREET MIAMI, FL 33186-2102		
2. Principal Place of Business - No P.O. Box # 4800 W. ATLANTIC AVE		3. Mailing Address 4800 W. ATLANTIC AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELRAY BEACH		City & State DELRAY BEACH		4. FEI Number 20-1339679	
Zip 33445		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANISH, PATEL J 11790 SW 88 STREET MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: HITESH PATEL Street Address (P.O. Box Number is Not Acceptable): 20145 S. KEY DR City: BOCA RATON FL Zip Code: 33498			
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:				DATE: 5/27/07	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME PATEL, HITESH				
STREET ADDRESS 20145 SOUTH KEY DRIVE	CITY-ST-ZIP BOCA RATON, FL 33498				
<input type="checkbox"/> Delete					
TITLE SD	NAME PATEL, ATUL				
STREET ADDRESS 20145 SOUTH KEY DRIVE					
CITY-ST-ZIP BOCA RATON, FL 33498					
<input type="checkbox"/> Delete					
TITLE TD	NAME PATEL, BABU				
STREET ADDRESS 9674 64TH WAY SOUTH					
CITY-ST-ZIP BOYNTON BEACH, FL 33437					
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:				Date: 5/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 954 4150182	