


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90203 033 \*\*\*150.00

<b>DOCUMENT # P04000101143</b>		
1. Entity Name <b>GHANSHYAM DONUT CORPORATION</b>		

Principal Place of Business <b>11427 S. DIXIE HIGHWAY MIAMI, FL 33156-4443</b>	Mailing Address <b>13730 SW 88 STREET MIAMI, FL 33186</b>
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2. Principal Place of Business - No P.O. Box # <b>4800 W. ATLANTIC AVE</b>	3. Mailing Address <b>4800 W. ATLANTIC AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

City & State <b>DELLAY BEACH</b>	City & State <b>DELLAY BEACH</b>
Zip <b>33445</b>	Zip <b>33445</b>
Country	Country

4. FEI Number <b>20-1339839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent	
<b>MANISH PATEL J 13730 SW 88 STREET MIAMI, FL 33186</b>	

7. Name and Address of New Registered Agent	
Name <b>HITESH PATEL</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>20145 S KEY DR</b>	
City <b>BOCA RATON</b>	FL Zip Code <b>33498</b>

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, HITESH 20145 SOUTH KEY DRIVE BOCA RATON, FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, ATUL 20145 SOUTH KEY DRIVE BOCA RATON, FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, BABU 9674 64TH WAY SOUTH BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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:**  **3/25/07** **954-417010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #