2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## FILED DOCUMENT # P04000124191 Feb 01, 2006 08:00 A 1. Entity Name **Secretary of State** DHRUV OF POLK COUNTY INC. Priscipal Place of Business Mailing Address 2101 KVILLE AVENUE 2101 KVILLE AVENUE AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) 4. FLI Number Applied For City & State City & State 90-0197201 Not Applicat. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, VIPEUL 2101 KVILLE AVENUE Street Address (P.O. Box Number is Not Acceptable) **AUBURNDALE FL 33823** Zip Code 8. The above named entity submits this statement to 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 Cignature, typed or printed name of registered agent and title it applicable (NO?E Registered Agent organitive required when rous/aling) FILE NOW!!! FEE IS \$150.00 \$5.00 May B. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Acknowledge TITLE TITLE ☐ Delete NAME PATEL, VIPUL C NAME U000000413509 STREET ADDRESS 02/10/06-80090-022 150.00 STREET ADDRESS 2101 KVILLE AVENUE CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 Delete Change Addition TITLE MAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP \_\_\_\_ Մթիթ THUE .. NAM HAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change BILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Adding ☐ Change TITLE Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition шц ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP

1-38-06 883-987-2828 SIGNATURE: RENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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