


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90297 039 ***150.00

DOCUMENT # P04000152593 1. Entity Name RIDDHI SIDDHI, INC.			
Principal Place of Business 4109 W. MAIN STREET MIMS, FL 32754		Mailing Address 4109 W. MAIN STREET MIMS, FL 32754	
2. Principal Place of Business 3300 GARDEN ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3300 GARDEN ST <small>Suite, Apt. #, etc.</small>	
City & State TITUSVILLE, FL		City & State TITUSVILLE, FL	
Zip 32796	Country U-S-A.	Zip 32796	Country U.S.A.
4. FEI Number 34-2024386		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, HITESH 4109 W. MAIN STREET MIMS, FL 32754		7. Name and Address of New Registered Agent Name PATEL HITESH Street Address (P.O. Box Number is Not Acceptable) 3300 GARDEN STREET City TITUSVILLE FL Zip Code 32796	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, HITESH 4109 W. MAIN STREET MIMS, FL 32754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL HITESH 3300 GARDEN ST TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: HP Patel HITESH. R. PATEL 4-12-05 321-269-8080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			