



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90052 016 \*\*\*150.00

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # P04000156517</b><br>1. Entity Name<br><b>HARI VANDAN, INC.</b>  |  |    |  |
| Principal Place of Business<br><b>5924 COVERED CREEK LANE</b><br><b>JACKSONVILLE, FL 32277 US</b>   |  | Mailing Address<br><b>5924 COVERED CREEK LANE</b><br><b>JACKSONVILLE, FL 32277 US</b>   |  |
| 2. Principal Place of Business<br><b>6630 BEACH BLVD</b><br>Suite, Apt. #, etc.<br><b>9</b><br>City & State<br><b>JACKSONVILLE FL</b><br>Zip Country<br><b>32216 US</b>   |  | 3. Mailing Address<br><b>6630 BEACH BLVD</b><br>Suite, Apt. #, etc.<br><b>9</b><br>City & State<br><b>JACKSONVILLE FL</b><br>Zip Country<br><b>32216 US</b> |  |
| 4. FEI Number<br><b>20-1912311</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>PATEL, RASIKLAL K</b><br><b>5924 COVERED CREEK LANE</b><br><b>JACKSONVILLE, FL 32277</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                        |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>PATEL, NIRMALA R</b><br><b>5924 COVERED CREEK LANE</b><br><b>JACKSONVILLE, FL 32277</b>   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>PATEL, RASIKLAL K</b><br><b>5924 COVERED CREEK LANE</b><br><b>JACKSONVILLE, FL 32277</b> | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |  |
| <b>SIGNATURE:</b>    |  | <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>RASIK PATEL</b>  |  |
| Date <b>03/15/05</b>  |  | Daytime Phone # <b>904-294-2600</b>   |  |