2005 FOR PROFIT CORPORATION 8/2/2005-90031-032-\$150.00-\$150.00

DOCUMENT # P04000166865 1. Ently Name HITENDER DESWAL, P.A.											F	ILED 9 AH 1	የ ፡፡ ៤ ፍ	
Principal Place of Business						Mailing Address								
1083 N. COLLIER BLVD., #113 Marco Island, Fl 34145					1083 N. COLLIER BLVD., #113 Marco Island, Fl. 34145				TALLAHASSEE, FLORIDA					
2. Principal Pi	ace of Busin	1053			3. Mailing Address									
Suite, Apt.	₩, etc.				Suite, Apt. #, etc.					07222005	Chg-P	CR2E	034 (10/03)	
City & State					Ci	City & State				4. FEI Numb	er 16 - 17	12111		pplied For
Zip	Zip Country					Zip Coun				5. Certificate	of Status Desired	a 🗅	\$8.75 Ad	ditional
	6. Name	and Addr	ess of C	urrent f	Registe	ered Agent				7. Name and	Address of Nev	w Registered	<u> </u>	
DESWAL,	HITENDE	R					!	Name						
1083 N. COLLIER BLVD., #113 MARCO ISLAND, FL 34145								Street Address (P.O. Box Number is Not Acceptable)						
								City		<u>.</u>			Zio Coc	
2 The shows		a. America d	- !tet-			·4 -6 min - te-		<u> </u>			the Property	FL	- 1	
	named emin lons of regist			то п ка	i ine pu	irpose of changing its	rogistore	BO Office or 1	registere	ed agent, or ou	ith, in the State or	Florida. I am	ı familiaf witn	, and accept
SIGNATURE_	Signature, typed	or printed name	a of regular	ned agent a	ana ista il i	applicable. (NOT	E: Pogistura	rs Agent signalus	e required	when reinstating)		DATE		
FILE NOWI!! FEE IS \$150.00 . 9. Election Campaign Finance Due by September 7, 2005 Trust Fund Contribution.										00 May Be ad to Fees	In accordanc corporation d	e with s. 60 lid not receiv	7.193(2)(b), ve the prior	F.S., the notice.
10.			OFFICEA:	S AND (DIRECT		11.			ADDITIONS	CHANGES TO C	FFICERS AN		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-EP	PD DESWAL, 1083 N. C MARCO IS	BLVD., i			□ Deleta		· .					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP					☐ Delete	- 1			•			Change	Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Oelete		- 1					Change	☐ Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP						☐ Detate					- 1 - 0	a	Change	Addition
TITLE MAKE STREET ADDRESS CITY-ST-ZIP						☐ Delete				A	Rall	<i>j</i>	Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP					☐ Octeta							Change	Addition	
12. I hereby of indicated of the cor	12. Thereby 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 legat effect as if made under cath; that I am an officer or director of the corporation or the receiper or turstee 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.													
SIGNAT	URE: _	EIGNATL	AND T	PID OR PI	NATE OF	AME OF BIONING OFFICER	OR ORECT	TOR	et [eswar	7/27/05	239	-248-2	2794
		-	╂╼┼	-} &	<u> </u>								<u> </u>	