

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019607

Entity Name: MADHAV KRUPA, INC.

FILED  
Feb 26, 2008  
Secretary of State

## Current Principal Place of Business:

9871 SAGO POINT DRIVE  
LARGO, FL 33777

## New Principal Place of Business:

3826 W. WATERS AVE.  
TAMPA, FL 33614

## Current Mailing Address:

9871 SAGO POINT DRIVE  
LARGO, FL 33777

## New Mailing Address:

3826 W. WATERS AVE.  
TAMPA, FL 33614

FEI Number: 20-2308195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, MUKUND D  
9871 SAGO POINT DRIVE  
LARGO, FL 33777 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PATEL, MUKUND D  
Address: 9871 SAGO POINT DRIVE  
City-St-Zip: LARGO, FL 33777

Title: VP ( ) Delete  
Name: PATEL, CHANDRIKA  
Address: 9871 SAGO POINT DRIVE  
City-St-Zip: LARGO, FL 33777

Title: S,T ( ) Delete  
Name: PATEL, JAYESH D  
Address: 4410 CASEY LAKE BLVD  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.D. PATEL

P

02/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date