2006 FOR PROFIT CORPORATION

ANNUAL REPORT 🧀 🔌

FILED May 16, 2006 8:00 am

1. Entity Nam	MENT # P05000052 CORP., INC.	2532		Secretary of State 04-24-2006 90441 005 ***150.00					
Principal Plac	e of Business	Mailing Address		1					
3610 PEARL		3610 PEARL STREET				0007000			
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (11/05	5)		
City & State		City & State	City & State		56-174	// Par	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	□ \$8.75 A Fee Requi			
	6. Name and Address of Curren	Registered Agent		7. Name and	Address of New I	Registered Agent			
DATÉL N	ANALCCT IZ		Name .				•		
	RL STREET IVILLE, FL 32226		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
UNO NO N	TVILL, I C OLLLO			-					
			City			FL Zip C	ode		
	named entity submits this statement fitions of registered agent.	or the purpose of changing its o	registered office or registe	ered agent, or both	n, in the State of Fl	orida. I am familiar wit	h, and accept		
SIGNATURE.	Signalure, typed or printed name of registered agen	And the design ship (ANTC	Chairman Sant signature and in	-dub (cinetal no.)		0.00			
	adverse share a busine a reference after	POIE:	Registered Agent signature require	en weet (enskarry)		CATE			
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contri		5.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTO	RS IN 11		
FITLE	D	☐ Delete	TITLE			☐ Change	Addition		
NAME	PATEL, NAVNEET K		NAME				Į		
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32226		STREET ADDRESS CITY-ST-ZIP				ĺ		
TITLE	D	☐ Delete	TITLE			☐ Change	Addition		
NAME	PATEL, BIREN N		NAME				_		
STREET ADDRESS CITY-ST-ZIP	3610 PEARL STREET JACKSONVILLE, FL 32226		STREET ADORESS CITY-ST-ZIP						
TITLE	D	Delete	TITLE	 		Change	Addition		
.1335	CHOUDHARI, MAHESH P	C Ocicie	, mile			C) com/c			
STREET ADDRESS	CHOODHARI, MARESR F		NAME						
CITY OF THE	3610 PEARL STREET		HAME STREET ADDRESS				ľ		
CITY-ST-ZEP	7								
TITLE	3610 PEARL STREET	☐ Delete	STREET ADDRESS CITY-ST-ZEP TITLE			☐ Change	Addition		
TITLE	3610 PEARL STREET	☐ Delete	STREET ADDRESS CITY-ST-ZEP TITLE NAME			☐ Change	Addition		
TITLE	3610 PEARL STREET	☐ Delete	STREET ADDRESS CITY-ST-ZEP TITLE	<u> </u>		☐ Change	Addition		
TITLE NAME STREET ADORESS	3610 PEARL STREET	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	3610 PEARL STREET		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	3610 PEARL STREET		STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS				Addition		

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

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