


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90074 007 ***150.00

DOCUMENT # P05000085102					
1. Entity Name GOPI VALLABH, INC.					
Principal Place of Business 3410 NE JACKSONVILLE RD OCALA, FL 34479			Mailing Address 2134 NE 45TH AVE. OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1611 NE 49TH AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCALA, FL 34470		4. FEI Number 20-3002721	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTER, NELLIE D 23201 NE 103 AVE. ORANGE SPRINGS, FL 32182			7. Name and Address of New Registered Agent Name: PATEL, ANJUBEN C Street Address (P.O. Box Number is Not Acceptable): 1611 NE 49TH AVE City: OCALA FL Zip Code: 34470		
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: <i>Anju Patel</i> 4-12-07 <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, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PATEL, ANJUBEN C STREET ADDRESS 2134 NE 45TH AVE. CITY-ST-ZIP OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE P NAME PATEL, ANJUBEN C STREET ADDRESS 1611 NE 49TH AVE CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PATEL, DILIPKUMAR J STREET ADDRESS 2134 NE 45TH AVE. CITY-ST-ZIP OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE VP NAME PATEL, DILIPKUMAR J. STREET ADDRESS 1611 NE 49TH AVE CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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. SIGNATURE: <i>[Signature]</i> 4/12/07 352 236-7996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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