## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P05000102939 1. Entity Name **FILED** ISHWAR PRABHU INC Sep 03, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 4168 LAFAYETTE ST 1407 A HARPER ROAD MARIANNA, FL 32446 US CORINTH, MS 38834 US No Chg-P 07232008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3125208 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, RUPESH DO NOT WRITE 4168 LAFAYETTE ST MARIANNA, FL 32446 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable *0000009588*81 9. Election Campaign Financing 09/03/08-80007-002 550.00 FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Due by September 12, 2008 Added to Fees 10... OFFICERS AND DIRECTORS DIR TITLE PATEL, KETAN NAME STREET ADDRESS 4168 LAFAYETTE ST CITY-ST-ZIP MARIANNA, FL 32446 TITLE NAME PATEL, RUPESH STREET ADDRESS 4168 LAFAYETTE ST CITY-ST-ZIP MARIANA, FL 32446 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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

TITLE NAME STREET ADDRESS CHY-ST-ZIP