## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 11, 2006 8:00 am Secretary of State

DOCUMENT # P05000119056  1. Entity Name ARIPAT CORPORATION INC.								05	5-01-20	006 904	157 004 *	**150.00
Principal Place of Business Mailing Address												
438 ARCHAIC DR WINTER HAVEN, FL 33880				438 ARCHAIC DR WINTER HAVEN, FL 33880				-		<b>-</b> .		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc	3.		04052006	Chg-	P	CR2E	34 (11/05)	, , , , , , , , , , , , , , , , , , ,
City & State				City & State			4. FEI Numb	6175	551	69	No	pplied.For at Applicable
Zip		Country		Zip	Cour	ntry	5. Certificate			0	\$8.75 Add Fee Required	
	6. Name	and Address	of Current R	agistered Agent		Name	7. Name and	Address	of New R	egistored	Agent	
PATEL, HITESH 438 ARCHAIC DR						Street Address (P.O. Box Number is Not Acceptable)						
WINTER HAVEN, FL 33880						<b></b>						
:						City				FL	Zip Code	e
		y submits this s tared agent.	tatement for	the purpose of chan	ging its registe:	red office or regis	stered agent, or bo	oth, in the Si	ate of Fic	orida. I em	familiar with.	and accept
,	ioris ul leuis	авео адели.										
SIGNATURE:	Signature, typed	or pranted name of m	greet agent an	g side / applicable.	(NOTE: Register	ed Agent signature req.	ured when reinstating)			DATE		·
FILI After Ma	E NOW!!! ay 1, 200	FEE 15 \$15 6 Fee will b	50.00 e \$550.0	1	Campaign Fina nd Contribution		5.00 May Be Added to Fees					
10.		OFFI	CERS AND D		11.		ADDITIONS	/CHANGES	TO OFF	ICERS AND	DIRECTORS	
TITLE NAME	D PATEL, F	UTESH		☐ Dele	tie Titt	I .					☐ Change	Addition
STREET ADDRESS	S 438 ARCHAIC DR STR					EET ADDRESS						
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CITY-ST-ZEP	<u> </u>			nia filias desa ace	and the local bases	Y-ST-ZIP	ined in Chapter 11	9 Florida 9	itatutee l	luriber co	rtify that the i	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 it made under oath, that I am an efficient or 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 it changed, or on an attachment with an address, with all other like empowered.												
1 25 06 863 476-0571												0571
SIGNAT	IUKE: .		· •	<u></u>	OFFICE OF THE	<u></u>		Date			Davarre Prone #	