## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 10, 2007 8:00 am Secretary of State DOCUMENT # P06000067082 04-10-2007 90020 043 \*\*\*150.00 SATTNAM RETAIL CORP Principal Place of Business Mailing Address 8989 BIDDLE CT WELLINGTON FL 33414 8989 BIDDLE CT WELLINGTON FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 25 61 FORESTHILL Blow 2561 FOREST HILL BLOW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For Palm Spring Palm Spring 56.2602716 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired PAIM BEACH PAIM BPALL 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, SACHIN A Street Address (P.O. Box Number is Not Acceptable) 8989 BIDDLE CT WELLINGTON FL 33414 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. P842. FEB 16,07 MCHIN PATEL SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HDE □ Defete TITLE Сhange Addition MUKESLKUMAR PATEL NAME NAME STREET ADDRESS STREET ADDRESS 1476 LAKE WANGO WAY CITY SI-ZIP CHY SEZIP WPB FL 33406 HOE Delete HHE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY ST-ZIP HHI ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST 7IP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY SE-ZIP CHY ST ZIP HHE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST-ZIP TITLE Defete HILE Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST 7P CHY SI-ZIP

**FILED** 

SIGNATURE: SACKIN PATO PAY: FEB 16,07 S61. 629. 8

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.