

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 03, 2007 8:00 am**  
**Secretary of State**

01-03-2007 90014 001 \*\*\*158.75

**DOCUMENT # P06000079193**

1. Entity Name  
**SUBH ENTERPRISE INC**



Principal Place of Business  
**3825 W SILVER SPRINGS BLVD  
OCALA, FL 34482 US**

Mailing Address  
**11191 SE 55TH AVE RD  
UNIT 704  
BELLEVUE, FL 34420 US**

**60000001**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

01022007 Chg-P CR2E034 (12/06)

Zip Country

Zip Country

4. FEI Number  
**305012482**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHAPADIA, HARSHAD D  
11191 SE 55TH AVE RD  
UNIT 704  
BELLEVUE, FL 34420**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☒ Delete  
NAME **PATEL, VISHNUBHAI D**  
STREET ADDRESS **11191 SE 55TH AVE RD #603**  
CITY-ST-ZIP **BELLEVUE, FL 34420**

TITLE **VP** ☒ Delete  
NAME **PATEL, YAGNESHKUMAR N**  
STREET ADDRESS **11191 SE 55TH AVE RD**  
CITY-ST-ZIP **BELLEVUE, FL 34420**

TITLE **S** ☒ Delete  
NAME **PATEL, RONAK N**  
STREET ADDRESS **11539 SE 54TH AVE RD**  
CITY-ST-ZIP **BELLEVUE, FL 34420**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **President** ☒ Change ☐ Addition  
NAME **Chapadia, Harshad D**  
STREET ADDRESS **11191 SE 55th Ave Rd Unit 704**  
CITY-ST-ZIP **Bellevue, FL 34420**

TITLE **V Pres** ☒ Change ☐ Addition  
NAME **BHARAT JARIWALA**  
STREET ADDRESS **11539 SE 54TH AVE**  
CITY-ST-ZIP **BELLEVUE FL - 34420**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/07 352/629/5319**  
Date Daytime Phone #