


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
\$150.00
Feb 21, 2008 08:00 AM
Secretary of State
Paid by check # 01-19-08

DOCUMENT # P06000131532		
1. Entity Name HARRY PATEL CORPORATION		

Principal Place of Business 2815 S. PENINSULA DR DAYTONA BEACH SHORES, FL 32118 US	Mailing Address 2815 S. PENINSULA DR DAYTONA BEACH SHORES, FL 32118 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc City & State Zip Country	3. Mailing Address Suite, Apt. #, etc City & State Zip Country
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01122008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5721667	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, NARENDRABHAI 2815 S. PENINSULA DR DAYTONA BEACH SHORES, FL 32118	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust/Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000833813 02/28/08-20027-017 150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, NARENDRABHAI 2815 S. PENINSULA DR DAYTONA BEACH SHORES, FL 32118 <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	VP PATEL, ARUNABEN 2815 S. PENINSULA DR DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **01-17-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #