

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90017 045 \*\*\*150.00

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000036153

1. Entity Name  
RADHAPRIT INC.



Principal Place of Business  
3345 FOWLER STREET  
FORT MYERS, FL 33901 US

Mailing Address  
3345 FOWLER STREET  
FORT MYERS, FL 33901 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State --

Zip

Country

Zip

Country

03232008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8995659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, RODERICK D  
3345 FOWLER STREET  
FORT MYERS, FL 33901

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME PATEL, ARVIND  
STREET ADDRESS 3345 FOWLER STREET  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE Arvind Patel P ☒ Change ☐ Addition  
NAME 11501 Plantation Preserve Cir  
STREET ADDRESS Fort Myers - FL - 33966  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P. ☐ Change ☒ Addition  
NAME Patel Gaurang  
STREET ADDRESS 11501 Plantation Preserve Cir  
CITY-ST-ZIP Fort Myers - FL - 33966

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

3/24/08

Date

Daytime Phone #