


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90001 002 \*\*\*150.00

<b>DOCUMENT # P07000045486</b>	
<b>1. Entity Name</b> HONEY HOLDINGS, INC.	

<b>Principal Place of Business</b> 10283 HUNT CLUB LN PALM BEACH GARDENS FL 33418	<b>Mailing Address</b> 10283 HUNT CLUB LN PALM BEACH GARDENS FL 33418
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/08)

<b>4. FEI Number</b> 830480825	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
DESAI, PRASHANT 10283 HUNT CLUB LN PALM BEACH GARDENS FL 33418		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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 3, 2008</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DESAI, PRASHANT	<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	10283 HUNT CLUB LN	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PALM BEACH GARDENS FL 33418	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PATEL, RAJENDRAKUMAR	<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	10283 HUNT CLUB LN	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PALM BEACH GARDENS FL 33418	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DESAI, PURVI	<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	10283 HUNT CLUB LN	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PALM BEACH GARDENS FL 33418	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PATEL, SMITA	<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	10283 HUNT CLUB LN	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PALM BEACH GARDENS FL 33418	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
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<b>NAME</b>		<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
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<b>NAME</b>		<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:**  **PATEL RAJENDRAKUMAR** **Sept. 2, 2008** **(678) 583 0501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR