


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 025 ***150.00

DOCUMENT # P07000047747					
1. Entity Name DHRUV RUSHI INC					
Principal Place of Business 431 MAJESTIC GARDEN BLVD WINTER HAVEN, FL 33880			Mailing Address 431 MAJESTIC GARDEN BLVD WINTER HAVEN, FL 33880		
2. Principal Place of Business - No P.O. Box # 19509 HWY 27		3. Mailing Address 19509 HWY 27			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WALES FL 33853		City & State LAKE WALES FL 33853		4. FEI Number 20-880563	
Zip 33853		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAROT, RAMESHKUMAR B 431 MAJESTIC GARDEN BLVD WINTERHAVEN, FL 33880			7. Name and Address of New Registered Agent Name: BRAHMBHATT, MUKESH B Street Address (P.O. Box number is not acceptable): 431 MAJESTIC GARDEN BLVD City: WINTERHAVEN FL Zip Code: 33880		
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: <i>M. S. Barot</i> DATE: 4/28/08					
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 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.S BRAHMBHATT, MUKESH B 431 MAJESTIC GARDEN BLVD WINTERHAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BAROT, RAMESHKUMAR B <input checked="" type="checkbox"/> Delete 431 MAJESTIC GARDEN BLVD WINTERHAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>M. S. Barot</i>			4/28/08 863-676-0579		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		