## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000074673  1. Entity Name KOMAL ASSOCIATES OF JENSEN BEACH INC.						03-28-2008 :	•		
Principal Place of Business 915 N.E. JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US		Mailing Address 915 N.E. JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US			1) L 180 L BON BON BON		110 BINI 12584 III	MESI IL IBSI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State		4. FEI Number	26-049	8184	Ap No	plied For at Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of		п :	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
PATEL. BHUPENDRA			Name	Name					
915 N.E. JENSEN BEACH BLVD JENSEN BEACH, FL 34957			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	e
8. The above named entity submits this statement for the purpose of changing its register.				ed office or register					
the obligat	ions of registered agent.								·
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. {NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
								.,,	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
After Ma	ay 1, 2008 Fee will be \$550. OFFICERS AND	.00 Trust Fund Cont			ed to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After Ma	ay 1, 2008 Fee will be \$550. OFFICERS AND	.00 Trust Fund Cont	ribution.	Add	ed to Fees	HANGES TO OFF	ICERS AND	DIRECTORS  Change	S IN 11
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12. I nereby certify that the information supplied with this filling does not quality 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

Daytime Phone #