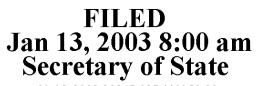
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000010517 **DOCUMENT #** 1. Entity Name KESHAR, INC.



01-13-2003 90347 027 ***150.00

Principal Place of Business 1140 S.W. 40TH AVE. PLANTATION FL 33317		Mailing Address 1140 S.W. 40TH AVE. PLANTATION FL 33317	1	# 1301/431 116 18/00 16/14 00/14 00/14 00/14 00/14 00/16 18/16 00/16 1/16/1 1/16/1 1/16/1 1/16/1 1/16/1 1/16/1
2. Principal F	Place of Business	3. Mailing Address	.	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State	<u> </u>	4. FEI Number 65-0388046 Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
	The second secon		Name	
PATEL, PANKAJ 1140 S.W. 40TH AVE.			Street Addres	ress (P.O. Box Number is Not Acceptable)
PLANTATI	ION FL 33317			
			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing i	ts registered office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	DTE: Registered Agent signature requ	equired when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PANKAJ 1140 S.W. 40TH AVE. PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
ITLE IAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
ITLE IAME STREET ADDRESS STY-ST-ZIP		☐ Delete	- TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachunent with amaderess, with all other like empowered.

SIGNATURE:

954-583-2509