2005 FOR PROFIT CORPORATION

FILED Mar 31, 2005 08:00 AM Secretary of State

ANNUAL REPURI					17141 51, 2000 00:00			
1. Entity Nam	MENT # P930000523	383			Se	ecretary	y of State	
•	e of Business _ IGHWAY 27 SOUTH D, FL 33852 =	Mailing Address 2165 U.S. HIGHWAY 27 SOUTH LAKE PLACID, FL 33852					(* 1812a (*)181) (* 1881	
DO NOT WRITE IN THIS SPA			CE	4. FE! Number 65-0430104		CR2E034 (1		
	6. Name and Address of Current Re	gistered Agent						
2165 U.S.	AMUBHAI N HWY. 27 SOUTH CID, FL 33852				NOT W			
	d and the first the state of th				h in the State of Me	vida Lamfamili	ar with load accord	
	named entity submits this statement for the tions of registered agent.	ne purpose of changing its registers	ed office or register	ed agent, or bot	n, in the State of Fig	nda, ram tamma	a willi, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title (Lapplicable (NOTE, Registere	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				.00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, RAMUBHAI N 2165 U.S. HWY, 27 SOUTH LAKE PLACID, FL 33852				Litannon	10010nm		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, CHANDANBEN R 2165 U.S. HWY. 27 SOUTH LAKE PLACID, FL 33852				U00001 03/31/05-	たの1633 -※011-00	1 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE			· · <u></u>	- - ·				

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hatel 3-28-05

Daytime Phone #