

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000001963

1. Entity Name  
NPR INVESTMENTS, INC.



Principal Place of Business  
2600 LOOP RD  
AUBERNDAL, FL 33823 US

Mailing Address  
77 ORTLEY CT  
MATAWAN, NJ 07747 US



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3222541

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PATEL, NILESH  
8316 TIMUCUANS DRIVE  
LAKELAND, FL 33813

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/05

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000192224  
01/25/05-80008-009 150.00

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | PATEL, NILESH        |
| STREET ADDRESS | 8316 TIMUCUANS DRIVE |
| CITY-ST-ZIP    | LAKELAND, FL 33813   |
| TITLE          | VP                   |
| NAME           | PATEL, RAJESH        |
| STREET ADDRESS | 77 ORTLEY CT         |
| CITY-ST-ZIP    | MATAWAN, NJ 07747    |
| TITLE          | SD                   |
| NAME           | PATEL, MANISHA       |
| STREET ADDRESS | 2600 LOOP RD         |
| CITY-ST-ZIP    | AUBERNDAL, FL 33823  |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05

732-261-8970

Daytime Phone #