


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-02-2005 90065 045 ***158.75

DOCUMENT # P94000041472 1. Entity Name DISHI FOOD INCORPORATED	
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Principal Place of Business 1153 N. MILITARY TRAIL W. PALM BEACH, FL 33409	Mailing Address 1153 N. MILITARY TRAIL W. PALM BEACH, FL 33409
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01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0494680	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, MUKESH
608 MEADOWS CIRCLE
BOYNTON BEACH, FL 33462**

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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 *M Mukesh* DATE 11/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, MUKESH 608 MEADOWS CIRCLE BOYNTON BEACH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, RANJAN 608 MEADOWS CIR BOYNTON BEACH, FL 33462
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: *M Mukesh* *President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #