


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000061138  
1. Entity Name  
MEHTAS BROS., INC.



Principal Place of Business  
9022 US 19 NORTH  
PORT RICHEY, FL 34668 US

Mailing Address  
3232 VALEMOOR DR  
PALM HARBOR, FL 34685



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3262465

Applied For  
Not Applicable

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

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

MEHTA, JAGDIP  
3232 VALEMOOR DR  
PALM HARBOR, FL 34685

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be  
Added to Fees

HARRISON 46635  
03/06/07-80040-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VPS
NAME	MEHTA, JAGDIP D.
STREET ADDRESS	3232 VALEMOOR DR
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	VP
NAME	MEHTA, MAYUR J.
STREET ADDRESS	1035 ELK WAY
CITY-ST-ZIP	OLDSMAR, FL
TITLE	PT
NAME	MEHTA, HEMA J.
STREET ADDRESS	3232 VALEMOOR DR
CITY-ST-ZIP	PALM HARBOR, FL 34685
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 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:

*Hema Mehta*

HEMA MENTA

2/19/07

727-849-6225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #