2	2006 FOR PROFIT		· • •		<b>ED</b>		
DOCUMENT # P94000063685 1. Entity Name RIDHI CORPORATION				Mar 02, 2006 08:00 A Secretary of State			
Principal Place of Business Mailing Address 120 S. JOHN YOUNG PKWY 120 S. JOHN YOUNG PKWY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741			· · · · · · · · · · · · · · · · · · ·		- In child black black black black		מתרו ון נוסאוווני נפורו ונו
D	O NOT WRITE I	CE	02272006 No Chg-P CR2E034 (11/05)   4. FEI Number Applied For   59-3261952 Not Applicable   5. Certificate of Status Desired \$8.75 Additional   Fee Required Fee Required				
120 S. JOI	6. Name and Address of Current Reg TINKUMAR M HN YOUNG PKWY E, FL 34741	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the ions of registered agent.		ed office or register	* <u>.</u>	th, in the State of Fic	pricta. I am famil DATE	iar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS				.00 May Be led to Fees		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATER, JATINKUMAR M 5129 BELLTHORN DR ORLANDO, FL 32837					)454129	07 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-80050-0	NT 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			IN	THIS SF	ACE	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			4	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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: JATIN PATCEL 2127/06 (407) 847-5066 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #							