

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000016881

1. Entity Name
KUNAL CORPORATION



Principal Place of Business
5014 US HWY 19
NEW PORT RICHEY, FL 34652

Mailing Address
5014 US HWY 19
NEW PORT RICHEY, FL 34652

FILED
04 FEB 12 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3303093

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHAH, JAYSUKHLAL
5014 US HWY 19
NEW PORT RICHEY, FL 34652

**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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000019822
01/29/04-80040-009 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAH, JAYSUKHLAL
STREET ADDRESS 5014 U.S. HWY. 19
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE VD
NAME SHAH, USHAKIRAN
STREET ADDRESS 5014 U.S. HWY. 19
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE SD
NAME SHAH, KUNAL J
STREET ADDRESS 5014 U.S. HWY. 19
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE TD
NAME SHAH, BHAVIN J
STREET ADDRESS 5014 U.S. HWY. 19
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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 19.07(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: Ushg J. Shah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

Daytime Phone #

Ushg J. Shah