


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

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
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03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3303093	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAH, JAYSUKHLAL 5014 US HWY 19 NEW PORT RICHEY, FL 34652

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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

<p>U00000263287</p> <p>03/14/05-80089-010 150.00</p> <p align="center">DO NOT WRITE IN THIS SPACE</p>
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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:  **3-12-05** **727-846-0335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR