


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90049 029 ***150.00

DOCUMENT # P95000044841					
1. Entity Name AMRIT ENTERPRISES, INC.					
Principal Place of Business 3291 W. SUNRISE BLVD. STE U33 FORT LAUDERDALE, FL 33311			Mailing Address 15827 N.W. 10TH ST. PEMBROKE PINES, FL 33028 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01262005 Chg-P CR2E034 (10/03) 4. FEI Number 65-0589082 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BHOGAL, GURSHARAN 15827 N.W. 10TH ST. PEMBROKE PINES, FL 33028			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Gursharan Singh Bhogal</u> (GURSHARAN SINGH BHOGAL) <u>1-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CMHABRA, HARVIND		NAME	GURSHARAN SINGH BHOGAL	
STREET ADDRESS	15827 NW 10 STREET		STREET ADDRESS	15827 N.W. 10 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHOGAL, AMRITPAL		NAME		
STREET ADDRESS	15827 NW 10 STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHOGAL, HARTEET S		NAME	BHOGAL, HARJEET SINGH	
STREET ADDRESS	15827 NW 10 STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HARPREET BHOGAL	
STREET ADDRESS			STREET ADDRESS	15827 N.W. 10 STREET	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Harvind Chhabra</u> (HARVIND CHHABRA) <u>954-584-3627</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u>Gursharan Singh Bhogal</u> (GURSHARAN SINGH BHOGAL) <u>1-26-05</u>					