2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

		- 1/21 - 01/1		<u> </u>		mry or \approx	uuu	
DOCUMENT # P96000012523 1. Entity Name KRISHNA FOODS INC.					05-02-200	06 90227 040 ***1	50.00	
Principal Plac	on of Rusinees	Mailing Address			000000	25		
Principal Place of Business 1733 S TAMIAMI TR VENICE, FL 34283 US		Mailing Address 2419 EAST MALL DR FORT MYERS, FL 33901 US			60033635			
					IENA ANN ANN AEN A	ENN ESIEN NEUE KARA BING NEUE	IMITEL II 183)	
2. Principal Place of Business		3. Mailing Address 3345 FOWLER ST.						
Suite, Apt. #, etc		Suite, Apt. #, etc.			Chg-P	CR2E034 (11/05)	
City & State		City & State MY EA	City & State MYEAS FL		1445		Applied For	
Zip	Country	7in	Country	65-0647		¢0.75 .	Not Applicable	
		33901	ÚS	5. Certificate of	of Status Desired	Fee Requir		
	6. Name and Address of Current	Registered Agent	Nana	7. Name and	Address of New	Registered Agent		
PATEL, D	LIP D		Name					
3313 MILWAUKEE ST			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
PT CHAR	_OTTE, FL 33980					·		
			City				<u> </u>	
The above named entity submits this statement for the purpose of changing its registered						FL Zip Co		
signature.	ions of registered agent. Signature, typed or crimed have of registered agent	and title if applicable (NOTE	Registered Agent signature	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaig Trust Fund Contril			gn Financing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE NAME	D PATEL, DILIP D	☐ Delete	TITLE NAME			☐ Change	Addition Addition	
STREET ADDRESS	3313 MILWAUKEE ST		STREET ADDRESS					
CATY-ST-ZIP	PT CHARLOTTE, FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
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STREET ADDRESS			STREET ADDRESS					
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME CYPEET ADDRESS			NAME STREET A DEDECAD					
STREET ADDRESS	1		STREET ADDRESS					

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND THE BOOK PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

428/56

941-484-816)

Change

☐ Addition