

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000083998

1. Entity Name
MAHAVIR ENTERPRISES, INC.Principal Place of Business
4800 APOPKA VINELAND ROAD
ORLANDO, FL 32819Mailing Address
4800 APOPKA VINELAND ROAD
ORLANDO, FL 32819

FILED

06 MAY -4 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3416861Applied For
Not Applicable6. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK ESQ.
200 NORTH THORNTON AVE.
ORLANDO, FL 32801DO 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 reporting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAIN, MANOHAR H
STREET ADDRESS	4800 APOPKA VINELAND ROAD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

06/06/06--01047--001 **800.00

200075885672
06/06/06--01047--001 **500.00DO NOT WRITE
IN THIS SPACE

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-06 407-876-5555