

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027634

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: TRISHUL, INC.

**Current Principal Place of Business:**

56 FORTUNE BLVD.  
MIDWAY, FL 32343

**New Principal Place of Business:**

**Current Mailing Address:**

56 FORTUNE BLVD.  
MIDWAY, FL 32343

**New Mailing Address:**

FEI Number: 59-3437719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIRISH, PATEL  
56 FORTUNE BLVD.  
MIDWAY, FL 32343 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: PATEL, ROHIT  
Address: 5705 COUNTRYSIDE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: DP ( ) Delete  
Name: PATEL, MUKESH  
Address: 500 E. ORANGE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: PATEL, JAYESH  
Address: 4410 CASEY LAKE BLVD  
City-St-Zip: TAMPA, FL 33624

Title: DVP ( ) Delete  
Name: PATEL, GIRISH  
Address: 1839 WAGON WHEEL CIRCLE EAST  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: AMIN, SUMITRA  
Address: 5418 EASTON POINT WAY  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIRISH PATEL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V.P

01/08/2007

\_\_\_\_\_ Date