## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 20, 2004 8:00 am Secretary of State DOCUMENT # P97000030742 1. Entity Name 08-20-2004 90002 023 \*\*\*150.00 BHAVANI ENTERPRISES INC. Principal Place of Business Mailing Address 126 SIDNEY PLACE 126 SIDNEY PLACE YULEE, FL 32097 YULEE, FL 32097 2. Principal Place of Business 3. Mailing Address 5214 NEW KINGS RA 76043 Place Suite, Apt. #, etc. Suite, Apt. #, etc. 08132004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For JACKSONVILLE ruleo 59-3433914 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USB Fee Required 32097 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMANBHAI PATEL, RAMAN P Street Address (P.O. Box Number is Not Acceptable) 5214 NEW KINGS ROAD \_ 131 Care 2 JACKSONVILLE, FL 32209 Captiva Zip Code 32225 Jacksonville 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. RAMAN BHAI egistered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE $\Phi TD$ Change ■ Addition PATEL, RAM PATEL RAMANBHAI NAME NAME 5214 NEW KINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX, FL 32209 Delete V∷PS D Change TITLE TITLE ☐ Addition PATEL, KANCHAN R NAME NAME PATEL KANCHANBEN 5214 NEW KINGS ROAD STREET ADDRESS 12873Veaptiverchi STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32209 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 32225 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

RAMANDHAI

**SIGNATURE** 

FILED