2007 FOR PROFIT CORPORATION

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FILED
Mar 02, 2007 08:00 A
Secretary of State

MITIO	AL REPORT
DOCUMENT # P970000 1. Entity Name KASHI OF JACKSONVILLE, INC	
Principal Place of Business 292 SOLANO RD. PONTE VEDRA BEACH, FL 32082	Mailing Address 292 SOLANO RD. PONTE VEDRA BEACH, FL 32082

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Principal Place of Business Mailing Address 292 SOLANO RD. 292 SOLANO RD. PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32			2082		8 18 17 (881) 881) 881) 881) 882) 818	 	
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				02182007 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPA		N IHIS SPA	CE	4. FEI Number 59-3448148		Applied For Not Applicable	
·				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent		er er	e of a grown of	The second secon	
PATEL, KAMLESH D 1405 WILDFLOWER CIR JACKSONVILLE, FL 32259					NOT WRIT		
8. The above	named entity submits this statement for the	nurnose of changing its registe	red office or register	red agent, or bot	the in the State of Elected	m familiar with and posset	
the obligat	ions of registered agent.	borbose of custifying its refliste	an ource or redister	ed agent, or bor	in, in the state of Honda. Ta	m lamilar with, and accept	
SIGNATURE		•			•		
SIGNATURE.	Signature, typed or printed name of registered agent and title	s if applicable (NOTE, Register	ed Agent signature required	when reinstating)	DATE	<u> </u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution .		.00 May Be led to Fees	U000006550 02713707-2009	15 9-000 150 00	
10.	OFFICERS AND DIRE	CTORS	6			Section of the Park Control	
TITLE	Р	-		, 15,		, A a	
name Street address	PATEL, VIJAY D 1861 W. WINDY WAY			1.	34j	And the second	
CITY-ST-ZIP	JACKSONVILLE, FL 32259			M	hilly a said	THE REAL PROPERTY AND THE PARTY AND THE PART	
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NAME	PATEL, KAMLESH D					a Park	
STREET ADDRESS	1405 WILDFLOWER CIR		. ***			A CONTRACTOR OF THE PARTY OF TH	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	·	-₫`.		图描述[2] 图形		
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CITY-ST-ZIP				4.1			

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAMLESH PATEL

02/27/07 (404)285-4599

Daylime Phone #