2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060013

Name:

Address: City-St-Zip: MADNANI, DALIP

8401 W. SAMPLE RD., #30

CORAL SPRINGS, FL 330654625

Entity Name: CHIRAG ENTERPRISES, INC

FILED May 06, 2005 Secretary of State

Littly Nai	He. CHIRA	G LIVIERFRISE	o, iivo					
Current Principal Place of Business:				New Principal Place of Business:				
	AMPLE RD PRINGS, FL	, #30 330654625						
Current Mailing Address:				New Mailing Address:				
8401 W. S CORAL SF	AMPLE RD PRINGS, FL	, #30 330654625						
FEI Number:	: 65-0764900	FEI Number A	oplied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
CORAL SF	AMPLE RD PRINGS, FL	330654625 US	tement for the p	urpose of changing i	ts registered	d office or registered age	nt, or both,	
SIGNATU								
Election Car	ce with s. 607	cing Trust Fund Con	corporation did no	t receive the prior notic		Date S TO OFFICERS AND I	DIRECTORS:	
Title: Name: Address: City-St-Zip:		()Delete PRABHA MPLE RD. , #30 RINGS, FL 33065462	5	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:		()Delete BASANT MPLE RD., #30 RINGS, FL 33065462	5	Title: Name: Address: City-St-Zip:	MADNANI, B. 8401 W. SAN	(X) Change()Addition ASANT MPLE RD., #30 INGS, FL 330654625		
Title:	STD	() Delete		Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PRABHA MADNANI P 05/06/2005