


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90040 043 ***150.00

DOCUMENT # P99000002242

1. Entity Name
CHANDNI MANAGEMENT, INC.



Principal Place of Business Mailing Address
1255 HYPOLUXO ROAD **1255 HYPOLUXO ROAD**
LANTANA FL 33462-4223 **LANTANA FL 33462-4223**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For / Not Applicable

31-1633063

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BEYER, STEPHEN M ESQ.
2201 COPORATE BLVD.
SE 103
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, BHARAT M	
STREET ADDRESS	18 TREMORE WAY	
CITY-ST-ZIP	HOLLAND OH 43528	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, MANOJ I	
STREET ADDRESS	1255 HYPOLUXO RD	
CITY-ST-ZIP	LANTANA FL 33462-4223	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, DINESH D	
STREET ADDRESS	916 ERIE ST	
CITY-ST-ZIP	OAKLAND CA 94610	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, UMRILLA B	
STREET ADDRESS	18 TREMORE WAY	
CITY-ST-ZIP	HOLLAND OH 43528	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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.

SIGNATURE: *Patel* Date: 3/19/04 Daytime Phone #: (561) 585-3970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR