


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

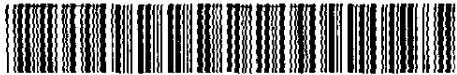
**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**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



1st MOORE CR2E034 (10/05)  
 4. FEI Number **31-1633063** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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's signature required when consulting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

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"/> Add
NAME		
STREET ADDRESS	U00000446552	
CITY-ST-ZIP	03/08/06-80018-006 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Chandni Patel **Chandni Patel** **2/19/06** **(520) 885-3970**