


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 050 ***150.00

DOCUMENT # P99000002242
 1. Entity Name
CHANDNI MANAGEMENT, INC.




Principal Place of Business
 1255 HYPOLUXO ROAD
 LANTANA, FL 33462-4223

Mailing Address
 1255 HYPOLUXO ROAD
 LANTANA, FL 33462-4223

8929 NW 27 -
 MIAMI, FL 33147

40099530

DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, BHARAT M 18 TREMORE WAY HOLLAND, OH 43528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MANOJ I 1255 HYPOLUXO RD LANTANA, FL 334624223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DINESH D 916 ERIE ST OAKLAND, CA 94610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, UMRILLA B 18 TREMORE WAY HOLLAND, OH 43528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: *Mate* Date: 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR