## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 10, 2004 08:00 AM Secretary of State DOCUMENT # P99009025344 1. Entity Name MUKESH TRADING, INC. Mailing Address Principal Place of Business 1209 US HWY 1792 1209 US HWY 1792 LONGWOOD, FL 32750 LONGWOOD, FL 32750 04052004 No Chg-P CR2F034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3565588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, MUKESH D 1209 US HWY 1792 LONGWOOD, FL 32750 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\_ Signature, typed or printed neme of registered agent and tide if applicable (NOTÉ, Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE -- 100000158895 PATEL, MUKESH D NAME 05/10/04-80008-013 150.00 1209 US HWY 1792 STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP mu NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ACCORESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-57-719 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**