2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2007 08:00 AM **Secretary of State** DOCUMENT # P99000046036 GOKUL, INC. Principal Place of Business Mailing Address 203 WEST S.R. 434 203 WEST S.R. 434 LONGWOOD, FL 32750 LONGWOOD, FL 32750 01192007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3577683 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMIN, HETAL DO NOT WRITE 917 ORANGE AVE 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.

FILE	NOW!!!	FEE IS	\$150.00)
After Me				

10.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if epplicable.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(NOTE: Registered Agent signature required when reinstating)

U00000653432

DATE

Applied For

Not Applicable

OFFICERS AND DIRECTORS TITLE **PSTD** NAME AMIN. HETAL STREET ADDRESS 917 ORANGE AVE. CITY-ST-ZIP LONGWOOD, FL 32750 TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.