2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 07, 2005 8:00 am Secretary of State

DOCUMENT # P9900068798 1. Entity Name, SIDDHIVINAYAK, INC.				Secretary of State 04-07-2005 90019 050 ***150.00
4.11. 1111:	PATEL N. P. ENDER.	JJ 504 9		
Principal Place of Business Mailing Address				
1409/SPANAMS/STREETS SER AND DO CODE BY TANG SPANAMS/STREET BY THE VOICE OF				38 May Be du Feet
Service and the control of the contr			<u> </u>	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022005 Chg-P CR2E034 (10/03)
City & State		City & State	-	4. FEI Number Applied For 59-3589693 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
PADGETT, TIMOTHY D ESQ: 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308. Name Mahanda. Patel Street Address (P.O. Box Number is Not Acceptable) 409. S. A Jam St.				
TALLAHA	55EE, FL 323U8.		16110	1 =1
			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. Earn familiar with, and accept the obligations of registered agent.				
SIGNATURE: On Octob MAHENDRA PATEL PRESIDENT, 3/2/5 Signature, hiped or printed-ministrated adjoint sind late il epiphocable. (NOTE: Registered Agent signeture required when reinstating) DATE				
THE NOW!!! FEE IS \$150.00 THE NOW!!! FEE IS \$150.00 THE STORE THE NOW!!! FEE IS \$150.00 THE NOW!! FEE IS \$150.00 THE				
10	OFFICERS AND	DIRECTORS	11	- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D .	☐ Delete	TITLE AT TO THE	☐ Change ☐ Addition
NAME STREET ADDRESS	PATEL, MAHENDRA 1409 S. ADAMS STREET		NAME STREET ADDRESS	: 1
CITY-SI-ZIP	TALLAHASSEE, FL 32302		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	PATEL, NAYANA 1409 S. ADAMS STREET		NAME Street address	
CITY-ST-ZIP	TALLAHASSEE, FL 32302		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS, CITY-ST-ZIP		-	STREET ADDRESS	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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THILE	+	☐ Delete	TITLE	€ Change Addition
NAME	:		NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•
	certify that the information supplied with	this filing does not qualify to		action 119 07(3)(i) Figrida Statutas Lituribar cartify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutos, 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.				