UNIFORM BUSINESS REPORT (UBR)

ICUMENT # Kenwestfall Enterprises Inc ity Name

P99000076506

FILED Jun 02, 2004 8:00 am Secretary of State 06-02-2004 90003 015 ***150.00

		IN THIS S	PACE	44046086	,
cipal Place of Busin 6566 Old I te, Apt. #, etc.	winter garden b	3. Mailing Address 3. USUL OLU W Suite, Apt. #, etc.	inter Gardun Rd	DO NOT WRITE IN THIS SI	PACE
O Klando	, FL	City & State Or lando	FL	4. FEI Number 59 -359 5023	Applied For Not Applicable
32835	Country	33835	Country	F. Certificate of ciatos besided F	8.75 Additional ee Required
	Name L L			7. Name and Address of Current Registered Agent	
D	O NOT WI	RITE : "	Street Address (I	P.O. Box Number is Not Acceptable)	
11	V THIS SP	ACE :	7575	St Stephens Ct	
			City Orl	ando FL	Zip Code 32835
above named entity	submits this statement for	he purpose of changing its	registered office or registere	ed agent, or both, in the State of Florida.	
TURE	r printed name of registered agent and	title if applicable (NOTE	: Registered Agent signature required	when reinstating) DATE	
	ple to satisfy its Intangible	January 19 M c After May Amender	ay 1 Fee is \$150.00 x 1: Fee is \$550.00 I'UBR is \$61.25 Is to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
ODRESS 712 CF CT OTHI	OFFICERS AND DI N. PATEL ENTRY CT A, FL 34734	RECTORS	TITLE STATE STATE NAME STREET AUGRESS CCTY STATE ST		######################################
ZIP OPLAN	TKUMAR D. P ST STEPHEN'S DO, FL 328 P. PATEL	○ (.	TITLE NAME STREET ADDRESS (10.7) CITY-51-219 (10.7) TITLE (10.7)		CRZF
10RESS 1125 E	AST CHURCH S		NAME STREET ADDRESS	. DO NOT WRIT	F\$
" JOSPE	R GRA 30143	<u> </u>	Cif(35) 2P		
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DRESS GE			TITLE MAME STREET ADDRESS CITY STYZIE		
ORESS IP	,		TIFLE NAME STREET ADDRESS CITY-ST-ZIP		
ne corporation or the	formation supplied with this supplemental report is fruit receiver or interest empowers, with all offer like empoyens, with all offer like empoyens.	e and accurate and that my	he exemption stated in Section signature shall have the sar as required by Chapter 607,	on 119.07(3)(i), Florida Statutes. I further cerify the legal effect as if made under oath; that I am Florida Statutes; and that my name appears in I	that the information n officer or director Block 11 or on an

EU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 · 12 · 04

407-474-5335 Daytime Phone #

attachment 44046086

By Certified Mail

KENWESTFAL ENTERPRISES, INC. 6566 OLD WINTER GARDEN RD ORLANDO, FL 32835

MAY 13, 2004

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref:-

Document #P99000076506 EIN:-59-3595023 Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned PATEL BHARATKUMAR D., President of KENWESTFAL ENTERPRISES, INC. would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

I never received the Annual Filing Form for 2004, may be lost in the mail and/or delivered back to you, which was not forwarded to us, because of new address. Unfortunatley, I never realized that I did not pay the annual filing fee for 2004 as I did not received the Filing Form for the year 2004. I made a mistake due to lack of knowledge and information & unavoidable circmustances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annual filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,

(BHARATKUMAR PATEL)

encl:- as above Ck of \$150