


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90044 030 \*\*\*150.00

<b>DOCUMENT # P99000089305</b> 1. Entity Name <b>BALYOG INC</b>	
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Principal Place of Business  
**2595 54TH AVE., N.  
SAINT PETERSBURG, FL 33714**

Mailing Address  
**2595 54TH AVE., N.  
SAINT PETERSBURG, FL 33714**

**DO NOT WRITE IN THIS SPACE**



**50055671**

07122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3600860**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PATEL, THAKOR  
2595 54TH AVE., N.  
SAINT PETERSBURG, FL 33714**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, THAKOR 4202 AZEELE ST TAMPA, FL 336093822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, CHITTARANJAN 2595 54TH AVE., N SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, SURESH CHANDRA P 3688 SANDY BLVD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANGITA, KAPADIA 10901 BRIGHTON BAY BLVD #313 SAINT PETERSBURG, FL 33716
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 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/05