


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000092557</b>		
1. Entity Name CHANCHAL CORPORATION		
Principal Place of Business 8507 OLD CR 54 NEW PORT RICHEY, FL 34653	Mailing Address 8507 OLD CR 54 NEW PORT RICHEY, FL 34653	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GUNVANT, PATEL 8507 OLD CR 54 NEW PORT RICHEY, FL 34653		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Gunvant R. Patel</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE <u>2-15-06</u>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PATEL, GUNVANTBHAI 8507 OLD CR 54 NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATEL, MINABEN 8507 OLD CR 54 NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
SIGNATURE: <u>Gunvant R. Patel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>2-15-06</u> Daytime Phone # <u>727-376-0626</u>



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3614018 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1100000442897  
03/04/06-80039-016 150.00

**DO NOT WRITE  
IN THIS SPACE**