2007 FOR PROFIT CORPORATION

FILED Feb 22, 2007 08:00 A tate

ANNUÁL REPORT					
DOCUMENT # P99000092557 1. Entity Name CHANCHAL CORPORATION					Secretary of St
Principal Place of Business 8507 OLD CR 54 NEW PORT RICHEY, FL 34653		Mailing Address 8507 OLD CR 54 NEW PORT RICHEY, FL 34653		 	8 (8/18 18/14 88/14 88/14 88/14 88/14 88/14 88/18 88/14 88/14 88/14 88/14 88/14 88/14 88/14 88/14 88/14 88/14
D	O NOT WRITE	IN THIS SPA	CE	02032007 4. FEI Numb 59-361	
	6. Name and Address of Current F	legistered Agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>	7.00.104
GUNVANT, PATEL 8507 OLD CR 54 NEW PORT RICHEY, FL 34653			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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be					
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0			.00 May Be led to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD PATEL, GUNVANTBHAI 8507 OLD CR 54 NEW PORT RICHEY, FL 34653	DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, MINABEN 8507 OLD CR 54 NEW PORT RICHEY, FL 34653				U00000643832 03/02/07-80018-010 150.00
NAME STREET ADDRESS CITY-ST-ZIP			_	_	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		
TITLE		·	* you ()		•

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR