2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 22, 2004 08:00 AM Secretary of State **DOCUMENT # P99000107997** 1. Entity Name RADHA SOAMI, INC. Principal Place of Business Mailing Address 4710 S. DIXIE HWY. 4710 S. DIXIE HWY. W. PALM BCH, FL 33405 W. PALM BCH, FL 33405 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0969422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PATEL, HARISH B DO NOT WRITE 4710 S. DIXIE HWY. W. PALM BCH, FL 33405 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. INOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 00.001 ES)-15008-40/55/40 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PATEL, HARISH B STREET ADDRESS 4710 S DIXIE HWY CITY-ST-7/P WEST PALM BEACH, FL 33405 MGRM 33T3.E NAME PATEL, GHANSHYAM U STREET ADDRESS 4710 S. DIXIE HWY CHY-ST-ZIP WEST PALM BEACH, FL 33405 THIE NAME STREET ADDRESS DO NOT WRITE CHY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 truffee 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 applicatess, with all other like empowered.

MAME STREET ADDRESS CITY-ST-ZIP

> CPATEL, GHANSHYAM URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OH.20.04

Daytime Phone #