


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State


DOCUMENT # P99000109172
 1. Entity Name
PRAMESH S. PATEL, INC.



Principal Place of Business
**2281 NORTHWEST 36 STREET
 BOCA RATON, FL 33431**

Mailing Address
**2281 NORTHWEST 36 STREET
 BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



08112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0970020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, PRAMESH S
 2281 NORTHWEST 36 STREET
 BOCA RATON, FL 33431**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000171954
 09/09/04 80003 011 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PATEL, PRAMESH S 2281 NORTHWEST 36 STREET BOCA RATON, FL 33431
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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: _____ **8/20/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #