| 2005 FOR PROFIT CORPORATION ANNUAL REPORT | | | | | FILED Apr 04, 2005 08:00 AN | | | |
|--|---|---|--|---|--|---|--|--|
| 1. Entity Nam | MENT # P99000109 Karan, INC. | | Secretary of State | | | | | |
| 527 SOUTH | ce of Business PARK AVENUE KK, FL 32789 | Mailing Address 527 SOUTH PARK AVENUE WINTER PARK, FL 32789 | · · · · · | | E INIT INTE NUTE NETT IN | şını işmil manlım tarimet til | NA MULKU UUNKKI DI MUU | |
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| DO NOT WRITE IN THIS SPACE | | | | 03032005 No Chg-P CR2E034 (10/03) | | | | |
| DU NUT WHITE IN THIS SPAC | | | UE . | 4. FE) Number 59-361 | | <u> </u> | Applied For Not Applicable | |
| | | | | 5. Certificate | of Status Desired | | 75 Additional Required | |
| · | 6. Name and Address of Current | Registered Agent | | · · · · · · · · · · · · · · | | | | |
| PATEL, SUNIL V 527 SOUTH PARK AVENUE WINTER PARK, FL 32789 | | | DO NOT WRITE | | | | | |
| | | | | | | | | |
| | e named entity <u>submits</u> this statement for ations of registered agent. | the purpose of changing its register | ed office or registe | ered ağênt, or bö | th, in the State of Fl | orida. 1 am famil | iar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent a | and tille if applicable (NOTE, Registere | d Agent signature require | d when reinstating) | | DATE | | |
| | | 9. Election Campaign Finar | | .00 May Be | | | | |
| | LE NOWIII FEE IS \$150.00 lay 1, 2005 Fee will be \$550.0 | | | ded to Fees | | | ļ | |
| 10. | OFFICERS AND | DIRECTORS | | | | - | | |
| TITLE NAME | PATEL, SUNIL V | | | | | | | |
| STREET ADDRESS | 527 SOUTH PARK AVENUE WINTER PARK, FL 32789 | e e construction de la construction | | | U0000 | 0285917 | | |
| TITLE | T | ····· | · · · · · · · · · · · · · · · · · · · | · | 04/04/05 | -80008-00 | 13 150.00 | |
| NAME | PATEL, BINA S | | | | | | | |
| STREET ADDRESS | 527 SOUTH PARK AVENUE WINTER PARK, FL 32789 | | | | | | | |
| TITLE | P | | | - · | <u></u> | | ··· | |
| NAME | SHAH, PRADIP A | | | | | | | |
| STREET ADDRESS | 527 SOUTH PARK AVENUE WINTER PARK, FL 32789 | | 1 . | DO | NOT W | /RITE | | |
| TITLE | | | · · · <u>· · · · · · · · · · · · · · · · </u> | | THIS SI | | | |
| NAME | | | [| 11.4 | 1113 31 | MUL | 1 | |
| STREET ADDRESS CITY - ST - ZIP | | | | | | | | |
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| TITLE | | | | | | | | |
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| TITLE NAME | | | | | <u>i,</u> | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | <u></u> | <u></u> | <u></u> | ·-· | | |
| TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP | | this filling does not qualify for the axe | mption stated in S | ection 119.07(3) | | I further certify f | nat the information | |
| TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP | | this filing does not qualify for the exe true and accurate and that my signa wered to execute this report as requi | mption stated in S ture shall have the ired by Chapter 60 | ection 1 19.07(3) same legal effet 7, Florida Statute | T), Florida Statutes of as if made under ss, and that my nan | I further certify the oath; that I am a te appears in Blo | nat the information nofficer or director sck 10 or Block 11 if | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | this filling does not qualify for the exe true and accurate and that my signa wered to execute this report as requi with all other like empowered. | Imption stated in S ture shall have the ired by Chapter 60 | ection 119.07(3) same legal effer 7, Florida Statute | (), Florida Statutes t as if made under s, and that my nan | I further certify the certify the certify the termination of the certify that I am a the appears in Bio | hat the information n officer or director sck 10 or Block 11 if | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with d on this report or supplemental report is proration or the receiver or trustee entro d, or on an attachment with an address TURE: | this filing does not qualify for the exe surge and accurate and that my signa wered to execute this report as requi with all other like empowered. | | ection 1 19.07(3) same legal effer 7, Florida Statuta Y 03 | T), Florida Statutes of as if made under as, and that my nan | I further certify the cath; that I am a ne appears in Bic | nat the information n officer or director sck 10 or Block 11 if 7 64-7 7673 | |