


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90028 008 ***150.00

DOCUMENT # S83907	
1. Entity Name CHANDAN CORPORATION	

Principal Place of Business 118 NORTHWEST US HIGHWAY 19 CRYSTAL RIVER, FL 32629	Mailing Address 118 NORTHWEST US HIGHWAY 19 CRYSTAL RIVER, FL 32629
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02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3088111	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PATEL, RAJENDRABHAI 170 IRVINE SOUTHEAST 118 NW US Hwy #19 PALM BAY, FL 32909 CRYSTAL RIVER, FL 34428-3931	

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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]* (NOTE: Registered Agent signature required when reinstating) DATE: *9 Mar 04*

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, RAJENDRABHAI 170 IRVINE SOUTHEAST 118 NW US Hwy #19 PALM BAY, FL CRYSTAL RIVER, FL 34428-3931
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *9 Mar 04* Daytime Phone #