

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90059 007 ***158.75

DOCUMENT # S93394

1. Entity Name
CHANDNI ENTERPRISES, INC.



Principal Place of Business
580 AVE J SE & 391 BENLCHY RD
W.H., FL 32880

Mailing Address
2510 AVE CR NW
W
WINTER HAVEN, FL 33880



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3110767

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, HASHMUKH
~~508 E. MEMORIAL BLVD~~ 5139 Dees-n Pt. Ct.
~~LAKELAND, FL 33801~~ Lakeland FL 33805

**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

S. Patel Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

2/2/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PATEL, HASHMUKH
508 E. MEMORIAL BLVD
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PATEL, SUJATA H.
508 E. MEMORIAL BLVD
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Patel 2/2/06 863-6830222 529 4771

Date

Daytime Phone #

ATTACHMENT

60011772
#593394

Principle Place of Business—

580 Ave J. SE.

Winterhaven FL 33880

g.

391 BERKLEY RD

AUBURNDALE FL 33823-

Mailing Address—

5139 Deeson Pt Ct.

Lakeland FL ~~33880~~ 33805

Please correct all this information
there are spelling error—

S. Patel

Contact (863) 683 3022
(863) 529 4771