## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # V00627**

1. Entity Name

NAIK ENTERPRISES, INC.



Principal Place of Business

3247 EMERSON STREET

#1904 JACKSONVILLE, FL 32207 Mailing Address

3886 BIGGIN CHURCH ROAD W.

#1904

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32224 U

## FILED May 25, 2007 8:00 am Secretary of State

05-25-2007 90028 001 \*\*\*158.75



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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3098900

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAIK, NARENDRA K 3247 EMERSON STREET JACKSONVILLE, FL 32207

## DO NOT WRITE IN THIS SPACE

	ions of registered agent.	purpose or changing its registere	an onice or reg	pistered agent, or oc	an, in the state of	FIDINGIA. TRAITT	comment with, a	and accept
SIGNATURE	Signature, typed or primed name of registered agent and take	e if applicable. (NOTE: Registered	Agent eignature re	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Final Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NAIK, NARENDRA 3886 BIGGIN CHURCH ROAD W. JACKSONVILLE, FL 32224						37	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS S	PACE		
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TITLE .					Salah Sa	ا پارستان در		e de la companya de l

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 like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2007

Daytime Phone #