


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90779 010 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V04836 1. Entity Name PRAKASH ENTERPRISES, INC.			
Principal Place of Business PALM MOTEL 1715 14TH ST. W BRADENTON, FL 34205		Mailing Address PALM MOTEL 1715 14TH ST. W BRADENTON, FL 34205	
2. Principal Place of Business		3. Mailing Address 3202 42nd Ave E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BRADENTON FL	
Zip	Country	Zip	Country
34208	USA	34208	USA
4. FEI Number 65-0305340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent FELDMAN, MARC F. 3908 26TH STREET WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST	TITLE	
NAME	PARMAR, RAMILABEN	NAME	PRAKASH PARMAR
STREET ADDRESS	1715 14TH STREET WEST	STREET ADDRESS	3202 42ND AVE E
CITY- ST- ZIP	BRADENTON, FL	CITY- ST- ZIP	BRADENTON FL 34208
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/28/04 941-387-7447 <small>Daytime Phone if</small>	