2006 FOR PROFIT CORPORATION

	ANNUAL H	EPORT (AH	<u> </u>	¬ Apr 06, 2006 08:00 AM
DOCU	MENT # V11331			Secretary of State
NARSINE	BHAI PATEL, INC.			
Principal Place of Business Mailing Address				
A & V DISCOUNT 2200 PORTMALABAR BLVD. PALM BAY FL 32905		A & V DISCOUNT 2200 PORTMALABAR PALM BAY FL 32905	BLVD.	
2. Principal Place of Business		3. Mailing Address		The state of the s
Suite, Apt, #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3105230 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired
	Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
PATEL, KIRANBHAI			Name	
220	0 PORT MALABAR BLVD. M BAY FL 32905	•	Street Address	s (P.O. Box Number is Not Acceptable)
, PAL	W DAT FL 32303			
_			City	FL Zip Code
 The above the obligation 	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		<u> </u>	·	
	Signetivies, typed or phillod name of registered agent	and title if applicable [NOT	E. Negistered Agent signature require	ed when renstating) DATE
After	TILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May © Trust Fund Cantribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PATEL, KIRANBHAI 2200 PT. MALABAR BLVD. PALM BAY FL 32805	☐ Defete	TITLE NAME STREET ADDRESS CNY-SI-ZIP	☐ Change ☐ Arditiv
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATEL, KUMUD 2200 PT. MALABAR BLVO. PALM BAY FL 32905	☐ Delete	HILE NAME SIREET ADDRESS CITY-ST-11P	U00000494989
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Change ☐ Addiiiu
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TIFLE NAME STRECT AUDRESS CITY-ST-ZIP	☐ Change ☐ Addiii.
TITLE NAME STREET ADDRESS CHY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-UP	☐ Change ☐ Addita
TITCE NAME STRIET ADDRESS CITY-ST-ZBP		☐ Deletc	TITLE NAME STREET ADDRESS CITY-SI-ZP	☐ Change ☐ Additio

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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 it 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.

CIONATURE, Kisson Poted.

04/04/06 (321) 727.2740

FILED