

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V54133**  
 1. Entity Name  
**PARUL INC.**



Principal Place of Business      Mailing Address  
 1531 W. MEMORIAL BLVD.      1531 W. MEMORIAL BLVD.  
 LAKELAND, FL 33801 US      LAKELAND, FL 33801 US

**DO NOT WRITE IN THIS SPACE**



04202004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3141831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

GIRJASHANKER TRIVEDI  
 2905 REYNOLDS ROAD  
 LAKELAND, FL 33803

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000125127  
 04/22/04-80073-006 155.00

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	TRIVEDI, BIMALKUMAR G.
STREET ADDRESS	1531 W MEMORIAL BLVD
CITY-ST-ZIP	LAKELAND, FL
TITLE	P
NAME	TRIVEDI, GIRJASHANHER R
STREET ADDRESS	1531 W. MEMORIAL BLVD
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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 30 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:       4/20/04      863.667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #