


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 1531 W. MEMORIAL BLVD. LAKELAND, FL 33801 US | Mailing Address 1531 W. MEMORIAL BLVD. LAKELAND, FL 33801 US |
|--|--|



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent GIRJASHANKER TRIVEDI 2905 REYNOLDS ROAD LAKELAND, FL 33803 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | U00000125127 04/22/04-80073-006 155.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TRIVEDI, BIMALKUMAR G. 1531 W MEMORIAL BLVD LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TRIVEDI, GIRJASHANKER R 1531 W. MEMORIAL BLVD LAKELAND, FL |
| 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE:  **TRIVEDI BIMALKUMAR** 4/20/04 **863.667
2.22**