

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90383 038 \*\*\*150.00

**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**

40087208



**DO NOT WRITE IN THIS SPACE**

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3141831**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE \_\_\_\_\_  
NAME **TRIVEDI, BIMALKUMAR G.**  
STREET ADDRESS **1531 W MEMORIAL BLVD**  
CITY-ST-ZIP **LAKELAND, FL**

TITLE \_\_\_\_\_  
NAME **TRIVEDI, GIRJASHANHER R**  
STREET ADDRESS **1531 W. MEMORIAL BLVD**  
CITY-ST-ZIP **LAKELAND, FL**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
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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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

Date

863-670-7608

Daytime Phone #