


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 556860  
1. Entity Name  
INDIA INVESTMENTS, INC.



Principal Place of Business  
800 S. OSPREY AVENUE  
SARASOTA, FL 34236 US

Mailing Address  
800 S. OSPREY AVENUE  
SARASOTA, FL 34236 US

**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1795301

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CANFIELD, ROBERT  
800 S. OSPREY AVENUE  
SARASOTA, FL 34236

**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 re-stating) DATE \_\_\_\_\_

**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

U00000046246  
02/11/04-80095-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CANFIELD, ROBERT 800 S. OSPREY AVENUE SARASOTA, FL 34236
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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)(l), 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: Robert Canfield Date: 2-9-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_