

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000128655

1. Entity Name  
DAMODARDAS INCORPORATED



Principal Place of Business  
3404 GREEN HOLLOW DRIVE  
ISELIN, NJ 08830 US

Mailing Address  
3404 GREEN HOLLOW DRIVE  
ISELIN, NJ 08830 US

**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1630736 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EPSTEIN, SHAYNE ESQUIRE  
750 EAST SAMPLE ROAD  
BUILDING 2, SUITE 102  
POMPANO BEACH, FL 33064

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: DHRANGADHRIA, AALAP  
STREET ADDRESS: 3404 GREEN HOLLOW DRIVE  
CITY-ST-ZIP: ISELIN, NJ 08830

TITLE: VP  
NAME: CHOKSHI, PRAKASHCHANDRA  
STREET ADDRESS: 3404 GREEN HOLLOW DRIVE  
CITY-ST-ZIP: ISELIN, NJ 08830

TITLE: SEC  
NAME: ZAVERI, GITA J  
STREET ADDRESS: 3404 GREEN HOLLOW DRIVE  
CITY-ST-ZIP: ISELIN, NJ 08830

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

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

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

1/00000487319  
04/13/06-80070-021 150.00

**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

03/26/06

733-429-4840

Date Daytime Phone #