2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152664

1. Entity Name
STANZA INC.

FILED
05 MAR 11 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
759 SILVER CLOUD CIRCLE #201 LAKE MARY, FL 32746	759 SILVER CLOUD CIRCLE #201 LAKE MARY, FL 32746

02212005 - Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1234 South Pine Ridge		1234 South Pine Ridge Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sanford FL		City & State: Sanford FL	
Zip: 32773	Country: U.S.A.	Zip: 32773	Country: U.S.A

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAIK, SATEESH
759 SILVER CLOUD CIRCLE #201
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: Sonia Kalra
Street Address (P.O. Box Number is Not Acceptable): 1234 South Pine Ridge Circle
City: Sanford FL Zip Code: 32773

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: ANUJ SEHGAL — DATE: 2/28/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NAIK, SATEESH 759 SILVER CLOUD CIRCLE #201 LAKE MARY, FL 32746	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sonia Kalra 1234 South Pine Ridge Cir Sanford FL 32773	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600048829776 03/22/05--01007--001 **150.00	☐ Change ☐ Addition
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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)(i), 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: Sonia Kalra SONIA KALRA — 02-28-05 — 631-697-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #