

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05 SEP -1 PM 2:15

DOCUMENT # 854629

1. Entity Name  
**RADHEY SHAM, INC., N.V.**



05 SEP -1 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**WERFSTRAAT 6  
CURAÇAO, NETHERLANDS ANTILLE**

Mailing Address  
**350 LINCOLN ROAD  
STE 315  
MIAMI BEACH, FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



08292005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**98-0462915**

Applied For  
Not Applicable

6. Certificate of Status Document

**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE STE 125  
CORAL GABLES, FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, name or printed name of registered agent or state incorporator

Signature, name or printed name of registered agent or state incorporator

DATE

**Amended AR is \$81.25**

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 10

| TITLE | NAME                   | STREET ADDRESS | CITY-STATE-ZIP               | <input type="checkbox"/> Delete |
|-------|------------------------|----------------|------------------------------|---------------------------------|
| P     | COVENANT MANAGERS N.V. | WERFSTRAAT 6   | CURACAO, NETHERLANDS ANTILLE | <input type="checkbox"/>        |
|       |                        |                |                              | <input type="checkbox"/> Delete |
|       |                        |                |                              | <input type="checkbox"/> Delete |
|       |                        |                |                              | <input type="checkbox"/> Delete |
|       |                        |                |                              | <input type="checkbox"/> Delete |

| TITLE | NAME                   | STREET ADDRESS             | CITY-STATE-ZIP                | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition   |
|-------|------------------------|----------------------------|-------------------------------|--|-------------------------------------|
| D     | Covenant Managers N.V. | Werfstraat 6               | Curacao, Netherlands Antilles | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| P     | Vasandani, Bhagwan     | 350 Lincoln Road, Ste 315  | Miami Beach, FL 33139         | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| S     | Vasandani, Kamla       | 350 Lincoln Road, Ste. 315 | Miami Beach, FL 33139         | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
|       |                        |                            |                               | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
|       |                        |                            |                               | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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 recipient of the report empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

*[Handwritten Signature]*

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/8/2005

+5999-4623700