

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005414

**Entity Name:** INDO-MIM INC.**Current Principal Place of Business:**16506 POINTE VILLAGE DRIVE  
SUITE:103  
LUTZ, FL 33558**Current Mailing Address:**3902 SW 36TH STREET  
SUITE:101  
SAN ANTONIO, TX 78226 US**FEI Number:** 81-1285474**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           KRISHNA, CHIVIKULA  
Address        3902 SW 36TH STREET  
                 SUITE:101  
City-State-Zip: SAN ANTONIO TX 78226

Title            DIRECTOR  
Name           CHADRASEKHAR, JAGADAMBA  
Address        3902 SW 36TH STREET  
                 SUITE:101  
City-State-Zip: SAN ANTONIO TX 78226

Title            SECRETARY  
Name           FULGINITI, BRIAN  
Address        3902 SW 36TH STREET  
                 SUITE:101  
City-State-Zip: SAN ANTONIO TX 78226

Title            CEO  
Name           CHIVUKULA, KRISHNA JR.  
Address        3902 SW 36TH STREET  
                 SUITE:101  
City-State-Zip: SAN ANTONIO TX 78226

Title            DIRECTOR  
Name           ROGER, CHIVUKULA  
Address        3902 SW 36TH STREET  
                 SUITE:101  
City-State-Zip: SAN ANTONIO TX 78226

Title            CHIEF COMPLIANCE OFFICER  
Name           SCHIFFMAN, DANIELE  
Address        3902 SW 36TH STREET  
                 SUITE:101  
City-State-Zip: SAN ANTONIO TX 78226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIELE SCHIFFMAN****CHIEF COMPLIANCE  
OFFICER****03/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date