


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 381623**  
1. Entity Name  
**CHULANI (FLORIDA) INC.**



Principal Place of Business      Mailing Address  
**1541 BRICKELL AVE.  
A3401  
MIAMI, FL 33129**      **1541 BRICKELL AVE.  
A3401  
MIAMI, FL 33129**

**DO NOT WRITE IN THIS SPACE**



03312006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1370999**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRADFORD, JAMES N  
2100 WEST 76 TH ST  
SUITE 211  
HIALEAH, FL 33016**

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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 reinstating)

**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	CHULANI, TIKAMDAS
STREET ADDRESS	101 FRONT ST.
CITY-ST-ZIP	PHILIPSBURG, N.A.,
TITLE	TS
NAME	CHULANI, NIRMLA T.
STREET ADDRESS	101 FRONT ST.
CITY-ST-ZIP	PHILIPSBURG, N.A.,
TITLE	D
NAME	MAHTANI, USHA G.
STREET ADDRESS	101 FRONT ST.
CITY-ST-ZIP	PHILIPSBURG, N.A.,
TITLE	D
NAME	PANJABI, VEENA R.
STREET ADDRESS	1541 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	SIPPY, LAILA V.
STREET ADDRESS	FLMOUTH HSE, CLRNDN, PL
CITY-ST-ZIP	LONDON, ENGLAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000546540  
05/11/06-80119-016 150.00

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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: J. S. Chulani T. CHULANI      4-20-06      305-592-9865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #