


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 420613 1. Entity Name THREE FIFTY CORPORATION	
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Principal Place of Business 350 LINCOLN RD, STE 315 MIAMI BCH, FL 33139	Mailing Address 350 LINCOLN RD, STE 315 MIAMI BCH, FL 33139
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1443059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHATANI, SHEVAK  
 350 LINCOLN RD, STE 315  
 MIAMI BEACH, FL 33139

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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, 2007 Fee will be \$550.00**

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

U00000668466  
 03/27/07-80031-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASANDANI, BHAGWAN N 350 LINCOLN RD #315 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHATANI, C HERESH 350 LINCOLN RD #315 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATANI, KISHU 350 LINCOLN RD #315 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATANI, PRAKASH 350 LINCOLN RD #315 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEVAK, CHATANI 350 LINCOLN RD. #315 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Shevak (S)* Date: 3/12/07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR