

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001613</b> 1. Entity Name <b>FLORIDA AMBIKA, INC.</b>					
Principal Place of Business <b>FLORIDA PALMS MOTEL 17784 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413</b>			Mailing Address <b>FLORIDA PALMS MOTEL 17784 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>61-1330520</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WHIG, ANMOL R FLORIDA PALM MOTEL 17784 FRONT BEACH RD PANAMA CITY BEACH FL 32413</b>				Name Street Address (P O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>FULAMBARKER, SONIA CHANDOK</b> <b>3320 WOOD ROAD</b> <b>RACINE WI 53406</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>U000000300037</b> <b>04/12/05-80006-014 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>WHIG, RENU</b> <b>6069 WEST MEGAN ST.</b> <b>CHANDLER AZ 85226</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>KAPOOR, ANU W</b> <b>2534 BOXBOURNE CR</b> <b>MARIETTA GA 30067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>WHIG, ANMOL R</b> <b>17784 FRONT BEACH ROAD</b> <b>PANAMA CITY BEACH FL 32413</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>WHIG, TEJINDER K</b> <b>17784 FRONT BEACH ROAD</b> <b>PANAMA CITY BEACH FL 32413</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/11/05</b> <b>(850)233-1136</b> <small>Date Daytime Phone #</small>		