

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90308 008 ***150.00

DOCUMENT # F03000001553

1. Entity Name
KAILASH INTERNATIONAL, INC.



Principal Place of Business

3751 E. FOWLER
TAMPA, FL 33612

Mailing Address

3751 E. FOWLER
TAMPA, FL 33612

50019519



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1385590

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODGERS, RUSS
2451 MCMULLEN BOOTH RD.
CLEARWATER, FL 33759

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	SRIVASTAVA, VEERENDRA K MR.
STREET ADDRESS	8132 BRINEGAR CIRCLE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VP
NAME	Angela Beebe
STREET ADDRESS	8132 Brinegar Cir.
CITY-ST-ZIP	Tampa FL 33612
TITLE	Treasurer
NAME	USA Monk
STREET ADDRESS	8132 Brinegar Cir.
CITY-ST-ZIP	Tampa FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1st 06
Date

Daytime Phone # _____