

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90005 017 ***150.00

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03302007 Chg-P CR2E034 (12/06)

DOCUMENT # F05000004776			
1. Entity Name ENHERENT CORP.			
Principal Place of Business 192 LEXINGTON AVENUE NEW YORK, NY 10016		Mailing Address 192 LEXINGTON AVENUE NEW YORK, NY 10016	
2. Principal Place of Business - No P.O. Box # 101 Eisenhower Pkwy Suite, Apt. #, etc. # 300		3. Mailing Address 101 Eisenhower Pkwy Suite, Apt. #, etc. # 300	
City & State Roseland, NJ		City & State Roseland, NJ	
Zip 07068		Country USA	
4. FEI Number 13-3914972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	CP FREDETTE, PAMELA 192 LEXINGTON AVENUE NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Eisenhower Pkwy, # 300 Roseland, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MELLINGER, DOUGLAS 192 LEXINGTON AVENUE NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINERVA, THOMAS 192 LEXINGTON AVENUE NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, FAITH 192 LEXINGTON AVENUE NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DIPIANO, ROGER 192 LEXINGTON AVENUE NEW YORK, NY 10016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D William Cary 101 Eisenhower Pkwy, # 300 Roseland, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, LORI 192 LEXINGTON AVENUE NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address as above
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 another like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/12/07 Daytime Phone #: (973) 951 306	