2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003908

OCADINA NETWODICO INO

42 AIRPORT PARKWAY

SAN JOSE, CA 95110

Address:

City-St-Zip:

FILED Jun 08, 2009 Secretary of State

Entity Nai	me: OCARINA	A NETWORKS, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	RT PARKWAY E, CA 95110						
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	RT PARKWAY E, CA 95110						
FEI Number:	: 55-0912026	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status D	esired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Age	ent:	
415 RUTG	Y, MATTHEW ERS AVE. RNE, FL 32901	US					
	named entity see of Florida.	submits this statement for the	e purpose of changing i	ts registered	office or registered ag	ent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered A	gent		Date		
		3(2)(b), F.S., the corporation didgrust Fund Contribution ().	not receive the prior notic	e.			
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CHRM () THIRUMALE, M 42 AIRPORT PA SAN JOSE, CA	ARKWAY	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	P () THIRUMALE, M 42 AIRPORT PA SAN JOSE, CA	ARKWAY	Title: Name: Address: City-St-Zip:	CEO () THIRUMALE, N 42 AIRPORT F SAN JOSE, CA	PARKWAY		
Title: Name: Address: City-St-Zip:	VD () RAO, GOUTHAI 42 AIRPORT PA SAN JOSE, CA	ARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	S () GREWEL, SHIV	Delete /BIR	Title: Name:	S () THIRUMALE, M	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

42 AIRPORT PARKWAY

City-St-Zip: SAN JOSE, CA 95110

SIGNATURE: MURLI THIRUMALE CEO 06/08/2009