

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G22094

1. Entity Name
N. SINHA, CORP.



Principal Place of Business
6820 LOCHNESS DR
MIAMI LAKES, FL 33014 US

Mailing Address
P O BOX 5461
HIALEAH, FL 33014 US



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2244490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SINHA, NIRANJAN N., P.E.
6820 LOCH NESS DRIVE
MIAMI LAKES, FL 33014

**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

1000000414494
02/11/06-80040-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SINHA, NIRANJAN N., P.E.
STREET ADDRESS 6820 LOCH NESS DRIVE
CITY-ST-ZIP MIAMI LAKES, FL

TITLE STD
NAME SINHA, VICENTA
STREET ADDRESS 6820 LOCH NESS DRIVE
CITY-ST-ZIP MIAMI LAKES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #