


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H39167 1. Entity Name AMITESH, INC.	
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Principal Place of Business 1955 KATIE HILL WAY WINDERMERE, FL 34786	Mailing Address 1955 KATIE HILL WAY WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2522444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, MICHAEL N.
 44 WEST FLAGLER STREET
 SUITE #200
 MIAMI, FL 33130

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAMANI, PRATIMA 1955 KATIE HILL WAY WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAMANI, BAKUL 1955 KATIE HILL WAY WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAMANI, AMIT B 1955 KATIE HILL WAY WINDERMERE, FL 34786
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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: B.R. Kamani B-R-KAMANI 2/6/07 407-523-6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #