2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # J31300

1. Entity Name
KALLI SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
17665 N US HWY 301 CITRA, FL 32113-2458 US	17665 N US HWY 301 CITRA, FL 32113-2458 US

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2725479
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAHARAJ, CHANDREKA K
17665 N US HWY 301
CITRA, FL 32113

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000587150
01/17/07-80022-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAHARAJ, CHANDREKA KALLICHARAN
STREET ADDRESS	17665 N US HWY 301
CITY-ST-ZIP	CITRA, FL 321132458
TITLE	SD
NAME	MAHARAJ, CHANDRA
STREET ADDRESS	17665 N US HWY 301
CITY-ST-ZIP	CITRA, FL 321132458
TITLE	VP
NAME	MAHARAJ, VIJAY K
STREET ADDRESS	17665 N.U.S. HWY 301
CITY-ST-ZIP	CITRA, FL 32113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Vijay K Maharaj VIJAY K MAHARAJ 1.10.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #