


FROM :

FAX NO. :

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K36206 1. Entity Name KERMAS, INCORPORATED	
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Principal Place of Business 3511 NW 113 COURT MIAMI, FL 33178 US	Mailing Address 3511 NW 113 COURT MIAMI, FL 33178 US
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14016106



04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

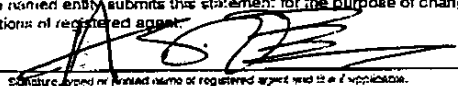
4. FEI Number 65-0081255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMANI, GEORGE T.
999 PONCE DE LEON BLVD.
SUITE 1015
CORAL GABLES, FL 33134

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:  DATE: 5.2.05

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (SEE BLOCK 6) IF APPLICABLE. (NOTE: Registered Agent signature required when resigning)

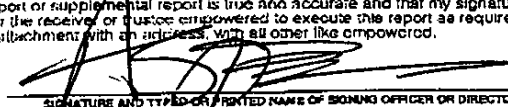
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	P DADLANI, LAL 4801 N.W. 7TH ST., #301 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KITCHLOO, ASHOK 165 DOCKSIDE CIR FT LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(c), 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:  DATE: 5.2.05 DAYTIME PHONE #: 3054779394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR