2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 8:00 am Secretary of State DOCUMENT # K69199 1. Entity Name 02-07-2005 90073 039 ***150.00 INDUS INVESTMENTS, INC. Mailing Address Principal Place of Business % KAMLESH PATEL 4486 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 US 1610 SE PARADISE CIR CRYSTAL RIVER FL 34429 2. Principal Place of Business PATEL 3. Mailing Address 4486 N. SUN COAST BLY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number CRYSTAL RIVER, FL 33-6645287 Not Applicable Country CITRCIS Country \$8.75 Additional 5. Certificate of Status Desired 34429 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYUR PATEL PATEL, KAMLESH Street Address (P.O. Box Number is Not Acceptable) 3921 N SEMINOLE PT CRYSTAL RIVER FL 34428 1020 SE 3nd AVE CITYCRYSTAL RIVER 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. 01 27 05 DATE SIGNATURE Mater Notes Signature, typed or pration name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change DESAI, PARESH NAME STREET ADDRESS 3475 S SUNCOAST BLVD STREET ADDRESS HOMOSASSA SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITE TITLE POTU, PRASAD NAME NAME 700 SE 5TH TER STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL CITY-ST-ZIP CITY-ST-7LP Change ☐ Addition TITLE ☐ Delete NAME SHUKLA, MANOJ NAME STREET ADDRESS STREET ADDRESS 9030 W FOR ISLAND TRAIL CITY-ST-ZIP CRYSTAL RIVER FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE IYER, HARI NAME NAME STREET ADDRESS 3475 S SUNCOAST BLVD STREET ADDRESS HOMOSASSA SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PATEL, KAMLESH NAME NAME P.O. BOX 3087, N/A STREET ADDRESS STREET ADDRESS HOMOSASSA SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE MAYUR, PATEL NAME NAME 2380 N.W. HWAY 19 STREET ADDRESS STREET ADDRESS **CRYSTAL RIVER FL 34428** CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED