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Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90117 041 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L70708

1. Entity Name
VARKI, INC.

60026860

Principal Place of Business	Mailing Address
7520 S.W. 100 STREET PINECREST, FL 33156	7520 S.W. 100 STREET PINECREST, FL 33156

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1740 S. BAYSHORE LANE	1740 S. BAYSHORE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT GROVE, FL	City & State: COCONUT GROVE, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 65-0188199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRADFORD, JAMES N JR.
2100 W. 76TH ST.
STE 211
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VARKI, VIJAY GEORGE ~~7520 S.W. 100 STREET~~ ~~MIAMI, FL 33156~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1740 S. BAYSHORE LANE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4th Apr 06 3056136930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #