

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004228

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIYA INC.

Current Principal Place of Business:

3927 MUZANTE CT
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

3927 MUZANTE CT
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 84-1707052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHAPATRA, RAM N
3927 MUZANTE CT
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SENAPATI, KIRON
Address: 9510 NORCHESTER CIR.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MOHAPATRA, SHYAM DR.
Address: 18510 COUNTRY CREST PL
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: DORA, SHEKHAR
Address: 8619 SANDY PLAINS DRIVE
City-St-Zip: RIVERVIEW, FL 33669

Title: T () Delete
Name: MAHARANA, PRAMOD
Address: 444 YORK DALE DR.
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: SWAIN, SHYAMSUNDAR DR
Address: 4675 LAKE IN THE WOODS DR.
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: MISHRA, SURESH DR
Address: 3966 SPY GLASS HILL RD.
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIRI, SUKDEV
Address: 10107 ARBOR RUN DR.
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KAR, SUKANTA
Address: 11327 CYPRESS RESERVE DR.
City-St-Zip: RIVERVIEW, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. N. MOHAPATRA

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date