

FILED
Mar 05, 2008 08:00 A
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000000340

1. Entity Name
ANNA-DEVI PROMOTIONS, INC.



Principal Place of Business
5200 SW 3RD STREET
PLANTATION, FL 33317

Mailing Address
5200 SW 3RD STREET
PLANTATION, FL 33317



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUBRAMANI, SAM
5200 SW 3RD STREET
PLANTATION, FL 33317

**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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUBRAMANI, SAM
STREET ADDRESS	5200 SW 3RD STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	SUBRAMANI, RANNIE
STREET ADDRESS	5200 SW 3RD STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	SUBRAMANI, MELISSA
STREET ADDRESS	5200 SW 3RD STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	SUBRAMANI, CHRISTINA
STREET ADDRESS	5200 SW 3RD STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/08-80030-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

Sam Subramani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

Date

954-792-7706

Daytime Phone #