

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90145 025 ***158.75

DOCUMENT # P00000011276

1. Entity Name
TERA ASRA TRADING, INC.



Principal Place of Business
**5121 LATROBE DRIVE
WINDERMERE, FL 34786**

Mailing Address
**5121 LATROBE DRIVE
WINDERMERE, FL 34786**

40068026



2. Principal Place of Business

3420, W. SILVER SPRING BLVD

3. Mailing Address

3420, W. SILVER SPRING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006

Chg-P

CR2E034 (11/05)

City & State

OCALA, FL

City & State

OCALA FL

4. FEI Number

59-3646077

Applied For

Not Applicable

Zip

34475

Country

USA

Zip

34475

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UBEROI, GURVINDER S
5121 LATROBE DRIVE
WINDERMERE, FL 34786**

Name **JASMINE UBEROI**

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

3420, W. SILVER SPRING BLVD

City **OCALA**

FL

Zip Code

34475

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

Jasmine Uberoi

JASMINE UBEROI

4/25/06

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 **D** ☒ Delete
NAME **GURVINDER, UBEROI S**
STREET ADDRESS **5121 LATROBE DR.**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **D** ☐ Change ☒ Addition
NAME **JASMINE UBEROI**
STREET ADDRESS **3420 W. SILVER SPRING BLVD**
CITY-ST-ZIP **OCALA, FL 34475**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Jasmine Uberoi

JASMINE UBEROI

4/25/06

321-228-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #