2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 09, 2004 8:00 am **Secretary of State DOCUMENT # P00000022578** 1. Entity Name 02-09-2004 90057 014 ***150.00 KRUPA FOOD, INC. Principal Place of Business Mailing Address RIGHT FUEL 3518 E. CURRY FORD RD ORLANDO FL 32806 KIRAN MAHARAJA 2908 SUMMER SWAN DR ORLANDO FL 32825-7404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3628993 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32825-7401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANARAJAJKIRAN MAHARAJA, KARAN Street Address (P.O. Box Number is Not Acceptable) 2908 SUMMER SWAN DRIVE ORLANDO FL 32825-7406 2908, Symmer Swan Zip Code Orlango 32825-7404 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. Mahayaya Kiran f applicable. (NOTE: Registered Agent signature req 01,31,056 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SD TITLE Change Addition TITLE ☐ Delete MAHARAJA, KIRAN NAME NAME 3518 E. CURRYFORD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP DT ☐ Delete TITLE ☐ Change ☐ Addition MAHARAJA, NEETA K NAME STREET ADDRESS 3518 E. CURRYFORD RD. STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAHARAJA? NITABEN NAME? STREET ADDRESS 3518 CURRY FORD RD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAHARAJA, KIREN NAME NAME 3518 CURRY FORD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL:32806 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

Maharina X Sran 0/31/04
OF SIGNING OFFICER OR DIRECTOR

Date

FILED