## FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

FILED ATX
Mar 03, 2005 08:00 AM
Secretary of State

Zip   2127   Country   Zip   2127   Country   5, Certificate of Status Desired   S8.75 Additional   S8.75	UNIFO	ORM BUSINE	Wiar 03, 2005 08:00 AWI				
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 1. 3. Mailing Address 3. Mailing Address 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Daylona Beach, Fl. Zip Country 2127  Country 2127  T. Name and Address of Current Registered Agent Name SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE  DO NOT WRITE  CAMBOW, BHUPINDER S. STREET ADDRESS GTY-ST-Zip TITLE NAME STREET ADDRESS THEST ADDRESS STREET A					Secretary of	State	
2. Principal Place of Business   3. Mailing Address   1204 South Algantic Ave   1204 South Algan	Taran Inc						
1204 South Atlantic Ave   Suite, Apt.   Su	DO N	OT WRITE	IN THIS S	PACE			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Daytons Beach, FL Downtry Zip Zip Zip Zip Zip Country Zip Zitt Zip Country Zip Ziv							
Daytona Beach, FL					DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE    T. Name and Address of Current Registered Agent   Fig. 12   Name   Nam			Daytona Beach FL			Applied For Not Applicable	
The above named entity submits this statement for the purpose of changing its registered Agent state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, byed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  After May 1, Fee its \$150.00.  After May 1, F		Country	1	Country	5. Certificate of Status Desired	\$8.75 Additional	
DO NOT WRITE IN THIS SPACE    CAMBOW, BHUPINDERS   Street Address (P.O. Box Number is Not Acceptable)	102110		102121	7. Nar	ne and Address of Current Regis		
Street Address (P.O. Box Number is Not Acceptable) 6285 WILLAMSON BLVD, # 1021    City					HUPINDER S		
8. The above named entity submits this statement for the purpose of changing its 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 8tle if applicable. (NOTE Registered Agent signature required when reinstating)  After May 1, Fee is \$550,00.  After May 1, Fee is \$550,00.  Amended UBR is \$61,25.  Make Check Pavable to Florida Department of State.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELAND FL 32720  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  C				Street Address (P.O. Box Number is Not Acceptable)			
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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)  After May 1, Fee is \$150,00  After May 1, Fee is \$50,00  After May 1, Fe				PORT ORANG	3E FL 34140	32128	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE     January 1 - May 1 Fee is \$150.00							
January 1 - May 1 - Fee is \$150.00   After May 1 - Fee is \$550.00   After May 1 - Fee is \$5	SIGNATURE						
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3 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	- NAME		,	NAME			
	3 CITY-ST-ZIP			CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered.

ATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.21.05

Daytime Phone #