

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000087256

Entity Name: PRIXIT SHARMA, INC.

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1005 W. CIRCLE ST.  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

1005 W. CIRCLE ST.  
AVON PARK, FL 33825

**New Mailing Address:**

FEI Number: 59-3669407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARMA, PRIXIT  
40 W CIRCLE ST  
AVON PARK, FL 33825 US

**Name and Address of New Registered Agent:**

SHARMA, PRIXIT  
1005 W CIRCLE ST  
AVON PARK, FL 33825 US

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: PRIXIT SHARMA

03/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SHARMA, PRIXIT  
Address: 40 W. LAKE TROUT DR.  
City-St-Zip: AVON PARK, FL 33825

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRIXIT SHARMA

P

03/06/2011

Electronic Signature of Signing Officer or Director

Date