

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90058 011 \*\*\*150.00

**DOCUMENT # P00000105159**

1. Entity Name  
**NANDKI INVESTMENT GROUP, INC.**



Principal Place of Business  
**9703 NW 42ND CT.  
FT. LAUDERDALE FL 33351**

Mailing Address  
**9703 NW 42ND CT.  
FT. LAUDERDALE FL 33351**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1110172**

Applied For

☒ Not Applicable

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

**ARMOGAN, PRADEEP**

**9703 NW 42ND CT.**

**FT. LAUDERDALE FL 33351**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 **ARMOGAN, PRADEEP**  
STREET ADDRESS **9703 NW 42ND CT.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33351**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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.

SIGNATURE:

**ARMOGAN, PRADEEP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/03**  
Date

**954-980-8796**  
Daytime Phone #

CR2E034 (10/02)

Attachment#

80143390

PO00000105159

Pradeep Armogam

9703 N.W. 42<sup>nd</sup>

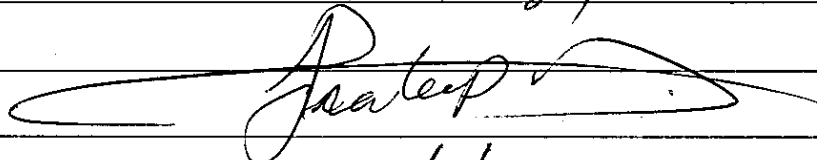
Sunrise FL 33351

DIVISION OF CORPORATION

Dear Sir or Madam,

WE'VE RECEIVED THE  
ANNUAL REPORT LATE. I WOULD LIKE  
FOR YOU TO VOID THE \$400<sup>00</sup>  
LATE FEE ALSO. MY LAST NAME  
ON THE REPORT IS MIS-SPELLED,  
THE CORRECT SPELLING IS ARMOGAM.  
I WOULD GREATLY ~~APPRECIATE~~ APPRECIATE  
IF YOU WOULD ACCEPT MY  
TARDINESS AND WAIVE THE  
LATE FEE.

Sincerely,



9/2/03