

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000018388	
1. Entity Name AROMA INTERNATIONAL, INC.	

Principal Place of Business 950 S KANNER HWY #706 STUART FL 34994	Mailing Address 950 S KANNER HWY #706 STUART FL 34994
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

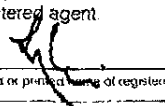
1st MOORE

CR2E034 (10/05)

4. FEI Number 65-1093073	☐ Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEHTA, LALITRAY 950 S KANNER HWY #706 STUART FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

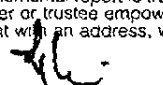
SIGNATURE  **2/15/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May 2**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Add
NAME MEHTA, LALITRAY		NAME	
STREET ADDRESS 950 S KANNER HWY #706		STREET ADDRESS	
CITY-ST-ZIP STUART FL 34994		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Add
NAME MEHTA, PRITI		NAME	
STREET ADDRESS 950 S KANNER HWY #706		STREET ADDRESS	
CITY-ST-ZIP STUART FL 34994		CITY-ST-ZIP	
TITLE T	☐ Delete	TITLE	☐ Change ☐ Add
NAME MEHTA, SHAKUNTALA		NAME	
STREET ADDRESS 950 S KANNER HWY #706		STREET ADDRESS	
CITY-ST-ZIP STUART FL 34994		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
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 exemptions contained in Section 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:  **LALITRAY MEHTA** **2/15/06** **(772) 221 0588**