

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000030235

Entity Name: ASOKA BALI INCORPORATED

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1408 NE 26TH ST  
WILTON MANORS  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

1408 NE 26TH ST  
WILTON MANORS  
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

FEI Number: 65-1086448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARTWRIGHT, MARIE M  
1408 NE 26 ST.  
WILTON MANORS, FL 33305 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARTWRIGHT, CHRISTOPHER  
Address: 2609 NE 26 ST.  
City-St-Zip: WILTON MANORS, FL 33305

Title: DS ( ) Delete  
Name: CARTWRIGHT, MARIE M  
Address: 1408 NE 26 ST.  
City-St-Zip: WILTO MANORS, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MM CARTWRIGHT

DS

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date