## . 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## Apr 27, 2007 08:00 AN DOCUMENT # P01000050293 **Secretary of State** 1. Entity Name MATCHHANDRA, INC. Principal Place of Business Mailing Address 9355 NW SOUTH RIVER DRIVE 10300 SW 133RD COURT MEDLEY, FL 33166 MIAMI, FL 33186 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1105414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAH, CHANDRAKANT DO NOT WRITE 10300 SW 133RD COURT MIAMI, FL 33186 IN THIS SPACE 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 algorithms required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE MARAF SHAH, CHANDRAKANT STREET ADDRESS 10300 SW 133RD COURT 1,00000736437 CITY-ST-ZIP MIAMI, FL 33186 05/10/07-8007G-018 150.00 TITLE D SHAH, LEONOR MANE STREET ADDRESS 10300 SW 133RD COURT CITY-ST-ZIP MIAMI, FL 33186 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

FILED

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