## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (
DOCUMENT # P01000061866

CHAME CHOETE DUARME INC

1. Entity Name



## FILED May 13, 2004 8:00 am Secretary of State

05-13-2004 90008 020 \*\*\*150.00

SWAMI SHRIJI BHARTI INC							
	DO NOT WRIT	E IN THIS S	SPACE		24075	284	
Principal Place of Business     529 HWY 40		3. Mailing Address PO BOX 9	3. Mailing Address PO BOX 948				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State INGLIS, FL		City & State INGLIS, FL		<b>4.</b> F	El Number 59-3726960	Applied For Not Applicable	
Zip 34449	Country	<sup>Zip</sup> 34449-09	948 Country	5. (	Certificate of Status Desired	\$8.75 Additional Fee Required	
er segundender	The second of th	A STATE OF THE STA	Name		me and Address of Current Registe	red Agent	
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	IN THIS S		Street /	Street Address (P.O. Box Number is Not Acceptable) PO BOX 948 (529 HWY 40)			
			City	INGLIS	; F	L Zi3 4449	
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  DATE							
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS A	ND DIRECTORS	Frank o Francisco	* * 1 TANK 85	o K. Ludovini, Anna P. Anna Ludovini, and a second addition for the second and th	a laura i martino de la como de l De la como de la como d	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE MOTYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 352-447-4114 Date Dayline Phone # R2E034B (12/02)