2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000102770

1. Entity Name

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Principal Place of Business

SHRI RAM KABIR INC.

Mailing Address

4135 LAFAYETTE STREET MARIANNA, FL 32446

4135 LAFAYETTE STREET MARIANNA, FL 32446

FILED Feb 18, 2008 08:00 AM Secretary of State



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No Cha-P CR2E034 (11/05) 02142008

4. FEI Number 59-3751303

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BHAKTA, M S 4135 LAFAYETTE STREET MARIANNA, FL 32448

DO NOT WRITE IN THIS SPACE

8. The above n	iamed entit	y submits this s	statement for the	purpose of ch	angi	ng its registered office or registered agent, or both, in the State of Florida	. I am familiar with, and accept
the obligation	ins of regis:	tered agent.				t .	
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	1 11	· . · ·	,	; ,			
SIGNATURE		· · · · · · · · · · · · · · · · · · ·		 			DATE
) , S	ignature, typed	or printed name of m	egastered agent and to	ne if applicable.		(NOTE: Registered Agent signature required when reinstizting)	DATE

 \Box

FILE NOW!!! FEE 18 \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

1 1000000830890 % 200000083 92/26/08-80102-006 150.00 ±

Atter Mi	ay 1, 2008 Fee Will be \$550.00	Track t and Commodition
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHAKTA, MS 4135 LAFAYETTE ST MARIANNA, FL 32446	
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12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

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