

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000117795

Entity Name: FLAVORS OF INDIA, INC.

**FILED**  
**Jul 18, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

2088 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

## **New Principal Place of Business:**

2088 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

## **Current Mailing Address:**

2088 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

## **New Mailing Address:**

2088 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

FEI Number: 30-0025877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRIKHA, MIKI  
724 NW 155 TH TERRACE  
PEMBROKE PINES, FL 33028 US

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

ARORA, PRADEEP  
724 NW 155 TH TERRACE  
PEMBROKE PINES, FL 33028 US

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: PRADEEP ARORA

07/18/2007

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TRIKHA, MIKI  
Address: 724 NW 155 TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: TRIKHA, NIDHI  
Address: 724 NW 155 TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Delete  
Name: ARORA, SMITA  
Address: 724 NW 155 TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

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

Title: D (X) Change ( ) Addition  
Name: ARORA, PRADEEP  
Address: 724 NW 155 TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Change ( ) Addition  
Name: ARORA, SMITA  
Address: 724 NW 155 TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

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

I hereby certify that the information supplied with this filing does not qualify 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: SMITA ARORA

D

07/18/2007

Electronic Signature of Signing Officer or Director

Date