


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 008 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000058802

1. Entity Name
SHRI CHAKRA, INC.



Principal Place of Business
**5144 CONROY ROAD
 SUITE 2024
 ORLANDO, FL 32811**

Mailing Address
**5144 CONROY ROAD
 SUITE 2024
 ORLANDO, FL 32811**

11010208



2. Principal Place of Business
5144 CONROY ROAD

3. Mailing Address
5144 CONROY ROAD

Suite, Apt. #, etc.
#1024

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
03-0439103

Applied For
 Applied For
 Not Applicable

Zip
32811

Country
U.S.A.

Zip
32811

Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARTHASARATHY, LAKSHMI
 5144 CONROY ROAD
 SUITE 2024
 ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

Name
PARTHASARATHY, LAKSHMI-

Street Address (P.O. Box Number is Not Acceptable)
5144 CONROY ROAD

#1024

City **ORLANDO** FL Zip Code **32811**

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 P. Lakshmi DATE 04/15/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2003, Fee will be \$650.00
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PARTHASARATHY, LAKSHMI 5144 CONROY ROAD SUITE 1024 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHAKRAVARTHI, RANGANATHAN 5144 CONROY ROAD SUITE 1024 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. Lakshmi Date 04/15/2003 Daytime Phone # (407) 843-9812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)