


FILED

Jul 30, 2003 8:00 am
Secretary of State

07-18-2003 90077 048 ***150.00

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

DOCUMENT # P02000134281			
1. Entity Name NAGANI INC.			
Principal Place of Business 6061 BRANCHWOOD DR. LAKE WORTH FL 33467		Mailing Address 6061 BRANCHWOOD DR. LAKE WORTH FL 33467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KYAW, MOE P 6061 BRANCHWOOD DR. LAKE WORTH FL 33467		4. FEI Number 90-0054549 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		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: <i>Moe P Kyaw</i> DATE: 2-7-03 <small>(NOTE: Registered Agent signature required when relinishing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME KYAN, MOE P STREET ADDRESS 6061 BRANCHWOOD DR. CITY-ST-ZIP LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete	TITLE PD NAME KYAW, MOE P STREET ADDRESS 6061 BRANCHWOOD DR. CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Moe P Kyaw</i>		Date: Feb 7 th 2003 Daytime Phone #: (561) 3570195	

CR2034 (10/02)