

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90033 017 ***150.00

DOCUMENT # P03000063390 1. Entity Name OKRA, INC.			
Principal Place of Business 301 53RD STREET APT A WEST PALM BEACH, FL 33407		Mailing Address 301 53RD STREET APT A WEST PALM BEACH, FL 33407	
2. Principal Place of Business 2401 North Av. Suite, Apt. #, etc. 2A City & State Palm Beach Zip 33480 Country USA		3. Mailing Address 4 Ocean Place Estates Suite, Apt. #, etc. City & State Highland Beach Zip 33487 Country USA	
4. FEI Number 60-8012856		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01162006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent MEYERS, JULIE EA 4560 BRANDYWINE DRIVE BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 ALLEN, NADINE STREET ADDRESS 301 53RD STREET APT A CITY-ST-ZIP WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE Loadine Allen NAME 4 Ocean Place Estates STREET ADDRESS Highland Beach Fl. 33487 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SHARMA, SANJIV STREET ADDRESS 301 53RD STREET APT A CITY-ST-ZIP WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE Sanjiv Sharma NAME 4 Ocean Place Estates STREET ADDRESS Highland Beach Fl. 33487 CITY-ST-ZIP	<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
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 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/6/06 Daytime Phone #	