

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/21

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-21-2004 90025 021 ***150.00

DOCUMENT # P03000063921 1. Entity Name SANMARGA, INC.			
Principal Place of Business 111 NW 117 TERRACE PLANTATION, FL 33325		Mailing Address 111 NW 117 TERRACE PLANTATION, FL 33325	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13792 N. GARDEN COVE CIR. Suite, Apt. #, etc.	
City & State		City & State DAVIE - FL	
Zip		Zip FL 33325 33325	
4. FEI Number 01-0786973		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARMA, MEETA 111 NW 117 TERRACE PLANTATION, FL 33325		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARMA, MEETA 111 NW 117 TERRACE PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: <u>Meeta Sharma</u> MEETA SHARMA 7/19/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			