

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068268

1. Entity Name  
PRAMILA ENTERPRISES INC.



FILED

04 OCT 2 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

238 WILSHIRE BLVD SUITE 153  
CASSELBERRY, FL 32707

Mailing Address

238 WILSHIRE BLVD SUITE 153  
CASSELBERRY, FL 32707

2. Principal Place of Business

238 WILSHIRE BLVD  
SUITE 149

3. Mailing Address

238 WILSHIRE BLVD  
SUITE 149



05122004

Chg-P

CR2E034 (10/03)

City & State

CASSELBERRY FL

City & State

CASSELBERRY FL

4. FEI Number

20-0305056

Applied For

Not Applicable

Zip 32707

Country USA

Zip 32707

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NARAYANA, MAMIDI  
238 WILSHIRE BLVD SUITE 153  
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name

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

238 WILSHIRE BLVD  
SUITE 149

City CASSELBERRY

FL

Zip Code 32707

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

*M. Narayan*

(NOTE: Registered Agent signature required when reinstating)

29-09-04

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NARAYANA, MAMIDI  
STREET ADDRESS 238 WILSHIRE BLVD SUITE 153  
CITY-ST-ZIP CASSELBERRY, FL 32707 ☐ Delete

TITLE STD  
NAME PRAMEELA, MAMIDI  
STREET ADDRESS 238 WILSHIRE BLVD SUITE 153  
CITY-ST-ZIP CASSELBERRY, FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 238 WILSHIRE BLVD S-149  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 238 WILSHIRE BLVD S-149  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 100041816721  
CITY-ST-ZIP 10/12/04--01041--020 \*\*150.00 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

*M. Narayan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M*

29-09-04

Date

Daytime Phone #

10/18