

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90056 002 ***150.00

DOCUMENT # P03000080081

1. Entity Name

SEKHAR, INC.



Principal Place of Business

16140 RIO RODEO
DELRAY BEACH FL 33446
US

Mailing Address

16140 RIO RODEO
DELRAY BEACH FL 33446
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

56-2381389

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.
111 N.E. FIRST STREET
SUITE 901
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

N.C. SEKHARAN

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

16140 RIO RODEO

City

DELRAY BEACH



Zip Code

33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 P
NAME SEKHARAN, N.C.
STREET ADDRESS 16140 RIO RODEO
CITY-ST-ZIP DELRAY BEACH FL 33446



TITLE T
NAME SEKHARAN, RAMA
STREET ADDRESS 16140 RIO RODEO
CITY-ST-ZIP DELRAY BEACH FL 33446



TITLE S
NAME SEKHARAN, PREETHI
STREET ADDRESS 16140 RIO RODEO
CITY-ST-ZIP DELRAY BEACH FL 33446



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



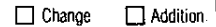
TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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:

Rama Sekharan

RAMA SEKHARAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Treasurer)

Date

1/30/04 561-496-2082

Daytime Phone #