



FILED

Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000080081				Jan 20, 2005 08:00 AM Secretary of State		
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				
DO NOT WRITE IN THIS SPACE						
		01082005 No Chg-P CR2E034 (10/03)				
		4. FEI Number 56-2381389		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130		DO NOT WRITE IN THIS SPACE				
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 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE UN00000187181 01/24/05-80002-018 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEKHARAN, N.C. 16140 RIO RODEO DELRAY BEACH, FL 33446					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEKHARAN, RAMA 16140 RIO RODEO DELRAY BEACH, FL 33446					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEKHARAN, PREETHI 16140 RIO RODEO 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						
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>Rama Sekharan</u>		<u>RAMA SEKHARAN</u>		<u>1/19/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		