

2008 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

08 JAN 18 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD 1-24-08



01032008 Chg-P CR2E034 (12/06)

4. FEI Number 02-0705186 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BHAKTA, JITENDRA J
5239 OAK DRIVE
MARIANNA, FL 32446

7. Name and Address of New Registered Agent

Name SHRI GANESHAY NAMAH, INC.
Street Address (P.O. Box Number is Not Acceptable)
1140, MOTEL DRIVE
City - CHIPLEY, FL Zip Code 32428

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

D.K. Bhakta, (VP)

1-16-08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BHAKTA, JITENDRA J	
STREET ADDRESS	5239 OAK DRIVE	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAH, MAHESH D	
STREET ADDRESS	504 PARKWOOD DR.	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKER, INDRAVADAN L	
STREET ADDRESS	4111 W. HWY. 98	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, SAMPATRAI	
STREET ADDRESS	1110 LOST LAKE ROAD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BHAKTA, DILIP K	
STREET ADDRESS	1140 MOTEL DRIVE	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100116366841
STREET ADDRESS	01/29/08--01038--024 **158.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

D.K. Bhakta, (VP)

1-16-08

850-415-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #