

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098945

Entity Name: MAKRI INC.

FILED  
May 19, 2006  
Secretary of State

## Current Principal Place of Business:

6014 US HWY 19  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1222  
TARPON SPRINGS, FL 34688

## New Mailing Address:

6014 US HWY 19  
SUITE 100  
NEW PORT RICHEY, FL 34652

FEI Number: 20-0381162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENON, SATHISH  
3874 CRESCENT COVE PLACE  
TARPON SPRINGS, FL 34688 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete  
Name: MENON, SATHISH  
Address: PO BOX 1222  
City-St-Zip: TARPON SPRINGS, FL 34688 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition  
Name: MENON, SATHISH  
Address: 3874 CRESCENT COVE PL  
City-St-Zip: TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SATHISH MENON

P/T

05/19/2006

Electronic Signature of Signing Officer or Director

Date