2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000119851

1. Entity Name
SNRR, INC.

Principal Place of Business
8362 PINES BLVD., #122
PEMBROKE PINES, FL 33024

Mailing Address
8362 PINES BLVD., #122
PEMBROKE PINES, FL 33024

03102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
8362 Pines Bvd.		SAME AS ABOVE	
Suite, Apt. #, etc. #122		Suite, Apt. #, etc.	
City & State Pembroke Pines FL		City & State	
Zip 33024	Country U.S.	Zip	Country

4. FEI Number 20-0353710 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAUDHARI, SHAILENDRA
8362 PINES BLVD., #122
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name SAME AS 6
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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] SHAILENDRA CHAUDHARI 04/11/06 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CHAUDHARI, SHAILENDRA	
STREET ADDRESS	8362 PINES BLVD., #122	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	D	☐ Delete
NAME	CHAUDHARI, REENA	
STREET ADDRESS	8362 PINES BLVD., #122	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	000000505994	
STREET ADDRESS	04/27/06-80005-005 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature] SHAILENDRA CHAUDHARI 04/11/06 954-873-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #