2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P03000143490 1. Entity Name VISHNU TRADING, INC.						04-27-2006	90213 025 **	*150.	00
Principal Place	e of Business	Mailing Address	lailing Address			ስለ ቦ ሣሣ ና	9		
17323 SW 32 LN		17323 SW 32 LN			4	006775	4		
MIRAMAR, FL 33029 MIRAMAR, FL 33029			33029		}	*			
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2. Principal P	lace of Business	3. Mailing Addres	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, e		00063006	Ch- D	OD0E004 (4	4(05)		
					03062006	Chg-P	CR2E034 (1		
City & State		City & State			4. FEI Numbe 20-1046		<u>.</u> .	-	plied For t Applicable
Zip	Country	Zip	Coun	try		of Status Desired		75 Add	litional
	6. Name and Address of Curren	Registered Agent		<u> </u>			Registered Agen	Require t	<u> </u>
V. Haile die Addiess S. Sallen, Registeres Again				Name				<u></u>	
KAPUR, VIKAS				Street Address (P.O. Box Number is Not Acceptable)					
17323 SW 32 LN MIRAMAR, FL 33029				Street Address (P.O. Box (Validoe) is Not Acceptable)					
	, +++++								
				City			FL 2	Zip Cod	θ
	named entity submits this statement f	or the purpose of cha	nging its register	ed office or registe	ered agent, or bot	n, in the State of F	Torida. I am famili	ar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE_				<u></u>					
	Signature, typed or printed name of registered agen	and their applicable.	(NO1E: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRI	ECTOR:	5 IN 11
TITLE "	DSP	□ De	tete TITLE					Change	Addition
NAME (-		NAM						
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	V SUPERIOR OF THE STATE OF THE								Addition
TITLE '	KAPOOR, SUMAN	☐ De	iete title Nam				ים	Change	☐ Addition
STREET ADDRESS	9297 OLMSTEAD DR.			ET ADDRESS					
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY	-\$T-ZIP					
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NAME CTREET ADDRESS			NAM						
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NAME			MAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
	Certify that the information supplied with	h this filing does not			ed in Chapter 119	Florida Statutes	I further certify th	at the in	nformation

indicated on this report or supplied with this limits does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficie or director of the corporation or the receiver of 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: _

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

561-688-960

Daytime Phone #