



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000025797

1. Entity Name
ALPHA INDI, INC.



Principal Place of Business
**16508 SW 39TH ST
MIRAMAR, FL 33027**

Mailing Address
**16508 SW 39TH ST
MIRAMAR, FL 33027**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0718122	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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

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

000000821709
02/19/08-80038-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KALYANARAMAN, CHANDRASEKAR 16508 SW 39TH ST MIRAMAR, FL 33027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANDRASEKAR, VIJAYA 16508 SW 39TH ST MIRAMAR, FL 33027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Chandrasekar Kalyanaraman

02/07/08

Date

954-806-2776

Daytime Phone #