

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 008 ***150.00

DOCUMENT # P04000041624

1. Entity Name

Rajchandra Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3 Miracle Strip Parkway Suite, Apt. #, etc.		3. Mailing Address 3 Miracle Strip Parkway Suite, Apt. #, etc.	
City & State Ft. Walton Beach, Fl.		City & State Ft. Walton Beach, Fl.	
Zip 32548	Country USA	Zip 32548	Country USA

DO NOT WRITE IN THIS SPACE

60037416

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bhupendrakumar D. Bhakta

Street Address (P.O. Box Number is Not Acceptable)
3 Miracle Strip Parkway

City **FL** **Zip Code**
Ft. Walton Beach 32548

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Bhupendrakumar D. Bhakta 3 Miracle Strip Parkway Ft. Walton Beach, Fl. 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **(BHUPENDRA D. BHAKTA)** 4/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**
Bhupendrakumar D. Bhakta _____ 850-243-3592