2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 08:00 AM Secretary of State

AITHOAL ILLI OILI					Secretary of State		
1. Entity Nam	MENT # P040000794	114					
Principal Plac		Mailing Address		1			
5741 BRIARS	WOOD WAY DR	5741 BRIARWOOD WAY DR DAVIE, FL 33331		{			
DAVIE, FL 3	3331	URVIE, FL 33331		}			
DO NOT WRITE IN THIS SPAC							
				02152006	No Chg-P	CR2E034 (11/05)	
			CE	4. FEI Numb		Applied For	
				20-117	4989	Not Applicable	
				5. Certificate	of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		-			
ANAND, RAKESH							
5741 BRIARWOOD WAY DR			DO NOT WRITE				
DAVIE, FL 33331			}	IN .	THIS SP	ACE	
				*			
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 it applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
FILE NOWISI FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Ba ed to Fees	U00000 03/04/06-	442089 80083-022 15 0.00	
18.	OFFICERS AND D	RECTORS	1		l		
TITLE NAME	D ANAND, RAKESH		1				
STREET ADDRESS	5741 BRIARWOOD WAY DR		ł				
CITY-ST-ZIP	DAVIE, FL 33331		ł				
TITLE			Į				
NAME STREET ADDRESS			i				
City-St-Zip			ſ				
TITLE			1				
NAME CONTEXT LEGGERS			1				
STREET ADDRESS CITY-ST-ZIP			ł	DO	NOT W	RITE	
TITLE	-		1		THIS SP		
NAME			1	114	1113 3F	ACE	
STREET ADDRESS CITY-ST-ZIP			I				
TITLE			1				
NAME			J				
STREET ADDRESS			1				
CITY-ST-ZIP			-				
TITLE NAME							
STREET ADDRESS			ł				
CITY-ST-ZIP	<u> </u>	·	<u> </u>	·			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental peopt in the earn excurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director							

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR