DOCUMENT # P04000081701

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 11, 2008 8:00 am Secretary of State

SAFT MAIN ST UTIES 302 EN PORT RICHEY, R. 34652 EN FOR ARI. # dec.  Subs. ARI. # dec.  Sub	1. Entity Name MARUTI CORPORATION				08-11-	-2008 901	20 028	***130.0
Suite. Apl 4, etc.   Suite. Apl 1, etc.   08062008   Chg. P   CR26334 (12/06)	Principal Place of Business 5347 MAIN ST SUITE 302 NEW PORT RICHEY, FL 34652	5347 MAIN ST Suite 302		401	1 6 (21) 2 2 1 1 2 2 1 1 4 2 1 1 1 2 1 1 1 4 2 1 1 1 1	nach (Bibl Vall r	EMI 61111 (11:5	
Suite. Apt. 8, etc.    Suite. Apt. 8, etc.   Q8082008   Chg.P   CR2E034 (12/06)	Z. Principal Place of Business - No P.O. Box #		. 00					
Delies   D	Suite, Apt. #, etc.		<u> </u>	08062008	Chg-P	CR2E034	(12/06)	
20 Country 33556 COuntry 3,3556 COUNTRY 3,356 CO	City & State	City & State  Covessa FL						
Size Address of Current Registered Agent    Name	Zip Country	Zip Co	ountry				8.75 Addi	ional
Silved Address (P.O. Box Number is Not Acceptable)    Silved Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Curre		Name	7. Name and Ad	idress of New R	egistered Ag	ent	
City FL Zip Code  The above carried profily submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  IGNATURE	SHAH, SAURIN 357 6TH AVE W							
The above named willy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obbgations of registered agent.    Communication of registered agent.	BRADENTON, FL 34206							
the obtagations of registered agent.    Common							<u> </u>	
FILE NOWNET FEE IS \$15.0.00  Due by September 12, 2008  Trust Fund Contribution.	SIGNATURE Sgraure, lipida or printed name of registered age	ent and title if applicable. (NOTE: Regit	atered Agent stgmature require	ed when reinstaling)		DATE		
THE PD SHAH, SAURIN STREET, SUITE 302 SITEST ADDRESS STAY MAIN STREET, SUITE 302 SITEST ADDRESS STAY MAIN STREET, SUITE 302 STREET ADDRESS STAY MAIN STREET, SUITE 302 STREET ADDRESS STRE	FILE NOWIE FEE IS \$150.00 Due by September 12, 2008	Trust Fund Contributi	on. 🗆 Ad	ded to Fees	corporation did	not receive	the prior n	otice.
THE CAME  AMAGE	INTLE PD SHAH, SAURIN STREET ADDRESS 5347 MAIN STREET, SUITE 3	Deleta	TITLE NAME STREET ADDRESS	ADOLLONSTOR	- ANGES TO OF			
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ITILE    Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   Delete	TITLE NAME STREFT ADDRESS CITY-ST-2P		TITLE NAME STREET ADDRESS	<u> </u>			Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the Information indicated on this report or supplemental coor is trop 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 trusture 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 addresse with late other like empowered.  SIGNATURE:	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS				☐ Change	Addition
The street Address city-st-zp  12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental epon is trota 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 trusture 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:	TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADORESS				Change	☐ Addition
SIGNATURE: 8 6 0 8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS				Change	Addition
SIGNATURE: SIGNATURE Not TYPEGOR PRINTED NAME OF MENING OFFICER OR DIRECTOR ON DIRECTOR ON DIRECTOR	I hereby certify that the information supplied indicated on this report or supplemental feet of the corporation or the receiver or trustife e changed, or on an attachment with an address.	with this filing does not qualify for the or is to a and accurate and that my smpowerbed to execute this report as rest with all other like empowered.	e exemptions contain ignature shall have th equired by Chapter 6	ned in Chapter 119, ne same legal effect 507, Florida Statutes	Florida Statutes as if made under; and that my na	. I further cert ir oath; that I a me appears in	ify that the I m an office n Block 10 c	nformation r or director or Block 11 if
	SIGNATURE:	OR PRINTED NAME OF MENING OFFICER OR C	NRECTOR	8	Oak!	<u>۔</u> ٥	eydine Phone II	