## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 08:00 AM Secretary of State

ANNUAL REPUKI					C		-CC4-4-
DOCUMENT # P0400083019 1. Entity Name NARANDA CORPORATION					Secr	etary	of State
Principal Plac 7300 SW 10 PLANTATION	TH STREET	Mailing Address 7300 SW 10TH STREET PLANTATION, FL 33317					
DO NOT WRITE IN THIS SPA			CE	01242006 4. FE(Numb 20-118		CR2E034	Man 116 to 16/10/20 12 12 12 12 12
6. Name and Addross of Current Registered Agent PATEL, JITENDRA A 7300 SW 10TH STREET PLANTATION, FL 33317			DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE	named entity submits this statement for tons of registered agent.  Signature, typed or printed name of registered agent an		ed office of register  d Agent signature requires		th, in the State of Flo	rida. Lam fam	illiar with, and accept
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  8. Election Campaign Finar Trust Fund Contribution.				00 May Be 02/13/06-80070-802 150.00			
TO.  TITLE  NAME STREET ADDRESS CITY-ST-ZMY  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  LITLE  NAME STREET ADDRESS CITY-ST-ZIP  DITE NAME STREET ADDRESS CITY-ST-ZIP  DITE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAMC STREET ADDRESS CITY-ST-ZIP  TITLE  NAMC STREET ADDRESS CITY-ST-ZIP  TITLE	OFFICERS AND D PD PATEL, JITENDRA A 7300 SW 10TH STREET PLANTATION, FL 33317				NOT W		
NAME STREET ADDRESS							

12. Thereby certily 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: