


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90052 017 ***150.00

DOCUMENT # P04000092279				
1. Entity Name KAMDHANU, INC.				
Principal Place of Business 6757 EQUINOX AVE. ORLANDO FL 32812		Mailing Address 6757 EQUINOX AVE. ORLANDO FL 32812		
2. Principal Place of Business 162 - SOUTH ATLANTIC AVE. Suite, Apt. #, etc. 162		3. Mailing Address 162 - SOUTH ATLANTIC AVE. Suite, Apt. #, etc. 162		
City & State ORMOND BEACH FL.		City & State ORMOND BEACH FL.		
Zip 32176	Country YOLUSIA	Zip 32176	Country YOLUSIA.	
6. Name and Address of Current Registered Agent JANI, MADHUSUDAN 6757 EQUINOX AVE. ORLANDO FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restateing)</small> DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANI, MADHUSUDAN 6757 EQUINOX AVE. ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, MADAKIRIBEN 6757 EQUINOX AVE. ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/04)

SIGNATURE:

MADHUSUDAN. P. JANI

1/25/05

386-672-4580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.