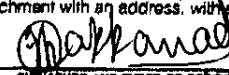


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90064 034 ***150.00

DOCUMENT # P04000110049					
1. Entity Name AASHIRWAD INDIAN CUISINE, INC.					
Principal Place of Business 5748 INTERNATIONAL DRIVE ORLANDO, FL 32819			Mailing Address 5748 INTERNATIONAL DRIVE ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1477432	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAKKANAD, JOY V 5748 INTERNATIONAL DRIVE ORLANDO, FL 32819			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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	P D ☐ Delete KAKKANAD, JOY V 5748 INTERNATIONAL DRIVE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☐ Delete KUMAR, AMIT 5748 INTERNATIONAL DRIVE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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:  Joy V. Kakkanaad					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40099041



04272007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1477432	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAKKANAD, JOY V
5748 INTERNATIONAL DRIVE
ORLANDO, FL 32819

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P D ☐ **Delete**
KAKKANAD, JOY V
5748 INTERNATIONAL DRIVE
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP ☐ **Delete**
KUMAR, AMIT
5748 INTERNATIONAL DRIVE
ORLANDO, FL 32819

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
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TITLE ☐ **Change** ☐ **Addition**

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STREET ADDRESS
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TITLE ☐ **Change** ☐ **Addition**

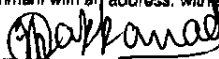
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
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SIGNATURE:

 **Joy V. Kakkanaad**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Filing #