

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90162 020 ***150.00

DOCUMENT # P05000021213

1. Entity Name
JAI CHAMUNDA INC.



Principal Place of Business
**18601 US HIGHWAY 27 SOUTH
LAKE WALES, FL 33853 US**

Mailing Address
**1206-101 ASTOR COMMONS PLACE
BRANDON, FL 33511 US**

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 02-0737949 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVE, AKSHAY
281 RUBY LAKE LANE
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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 DAVE, AKSHAY 1206-101 ASTOR COMMONS PLACE BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP PATEL, MUKUND 4338 CONROY CLUB DRIVE ORLANDO, FL 32835 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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:

AKshay Dave
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07
Date

813-383-6135
Daytime Phone #