## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P05000021627 04-11-2006 90117 040 \*\*\*150.00 VARKI VENTURES, INC. Principal Place of Business Mailing Address 1740 S. BAYSHORE LANE 1740 S. BAYSHORE LANE COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-3612112 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADFORD, JAMES N JR. 2100 WEST 76TH ST., STE. 211 Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33016 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 tide II sophosble. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PTSD ☐ Delete TITLE ☐ Change ☐ Addition VARKI, VIJAY NAME NAME 1740 S. BAYSHORE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CiTY-ST-7iP HILE ☐ Delete IIITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Oelete TITLE TITLE

12. I hereby certify that the information supplied with this tiling does not quality 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 afford a 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.

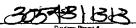
STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CHY-ST-7IP

SIGNATURE AND TYPED OR



**FILED**