

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000032404

Entity Name: INDUS IMPORT INC.

**FILED**  
**Sep 16, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1720 KELLEY AVE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2996 CONNER LANE  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 20-2455355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIDWAI, AFSHAN A  
2996 CONNER LANE.  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIDWAI, AFSHAN A  
Address: 2996 CONNER LANE  
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ANSARI, AMBER  
Address: 95/1 MAIN KHAYAN-E-SHUJAAT, PHASE VI  
City-St-Zip: KARACHI, PAKISTAN, PK 00330

Title: VP ( ) Change (X) Addition  
Name: KIDWAI, KHALID A  
Address: 2996 CONNER LANE  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBER KIDWAI

P

09/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date