

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90339 027 \*\*\*150.00

**DOCUMENT # P05000067705**

1. Entity Name

BHAGYA GROUP, INC.



Principal Place of Business

3528 COVINGTON DR.  
HOLIDAY FL 34691

Mailing Address

3528 COVINGTON DR.  
HOLIDAY FL 34691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0453723

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

MADHARATHIL, SEBASTIAN G.  
3528 COVINGTON DR.  
HOLIDAY FL 34691

*Name spelled wrongly*

7. Name and Address of New Registered Agent

Name

MADHURATHIL, SEBASTIAN J

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]*

MADHURATHIL, SEBASTIAN J.

4.03.06

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	D MADHARATHIL, SEBASTIAN G.	<input type="checkbox"/> Delete
STREET ADDRESS	3528 COVINGTON DR.	
CITY- ST- ZIP	HOLIDAY FL 34691	
TITLE NAME	P SANKOOLKAR, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	3740 SW SPRING CREEK LANE	
CITY- ST- ZIP	TOPEKA KS 66610	
TITLE NAME	T MATHEAL, TEGGY	<input type="checkbox"/> Delete
STREET ADDRESS	5496 MILLBROOK WAY	
CITY- ST- ZIP	PALM HARBOR FL 34685	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MADHURATHIL, SEBASTIAN J.
CITY- ST- ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SANKOORIKAL, JOSEPH
CITY- ST- ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MATHEW, TESSY
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.03.06. 727 945 9131

Date

Daytime Phone #