

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073132

FILED
Aug 08, 2006
Secretary of State

Entity Name: THE SHARMA FLAVOR CO.

Current Principal Place of Business:

510 BORDER ST
PORT CHARLOTTE, FL 33953 US

Current Mailing Address:

510 BORDER ST
PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

25100 SANDHILL BLVD
Y201
PUNTA GORDA, FL 33982 US

New Mailing Address:

25100 SANDHILL BLVD
Y201
PUNTA GORDA, FL 33982 US

FEI Number: 56-2515074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, MANU
510 BORDER ST
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

KEUKER TAX SERVICE, INC
1931 TAMiami TRAIL
SUITE 12
PORT CHARLOTTE, FL 33948 US

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: O A KEUKER

08/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: SHARMA, MANU
Address: 510 BORDER ST
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: D,VP (X) Delete
Name: SHARMA, OMPARKASH
Address: 16425 HIGHLAND AVE
City-St-Zip: JAMAICA, NY 11432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHARMA, MANU
Address: 25100 SANDHILL BLVD #Y201
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MANU SHARMA

P

08/08/2006

Electronic Signature of Signing Officer or Director

Date