

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073411

Entity Name: BRAHMSWAROOP, INC

FILED
Jul 26, 2008
Secretary of State

Current Principal Place of Business:

1642 SHONNORA DR
GOTHA, FL 34734

New Principal Place of Business:

Current Mailing Address:

1642 SHONNORA DR
GOTHA, FL 34734

New Mailing Address:

FEI Number: 20-2875802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, HITESH
1642 SHONNORA DR
GOTHA, FL 34734 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

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: DP () Delete
Name: SHAH, SANGITA
Address: 1642 SHONNORA DR
City-St-Zip: GOTHA, FL 34734

Title: DT () Delete
Name: SHAH, HITESH
Address: 1642 SHONNORA DR
City-St-Zip: GOTHA, FL 34734

Title: DV () Delete
Name: TRIVEDI, JAYPRAKASH
Address: 5 PALM CT
City-St-Zip: DAVENPORT, FL 33837

Title: DS () Delete
Name: PATEL, JAGRUTI
Address: 1413 DERBY GLEN DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DHARMDEV TRIVEDI

MR

07/26/2008

Electronic Signature of Signing Officer or Director

Date