

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000076460

1. Entity Name
CANDOTECH CONSULTING INCORPORATION



FILED

07 JAN -4 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**410 VICTORY GARDEN DR.
APT. 168
TALLAHASSEE, FL 32301-3239**

Mailing Address
**PO BOX 3382
TALLAHASSEE, FL 32315-3382**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2903418

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SARKAR, KAKALI
410 VICTORY GARDEN DR APT 168
TALLAHASSEE, FL 32301-3239**

7. Name and Address of New Registered Agent
Name **RAJA SHEKHAR**
Street Address (P.O. Box Number is Not Acceptable)
410 VICTORY GARDEN DR, APT #168
City **TALLAHASSEE** FL Zip Code **32301**

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 K. S. Raja Shekhar DATE 1/4/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

100083767991
01/03/07--01021--013 *150.75**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SARKAR, KAKALI 410 VICTORY GARDEN DR APT 168 TALLAHASSEE, FL 323013239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEKHAR, RAJA 410 VICTORY GARDEN DR APT #168 TALLAHASSEE, FL 323013239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: K. S. Raja Shekhar DATE 1/4/07 DAYTIME PHONE # 850.219.8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR