

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90239 017 \*\*\*550.00

**DOCUMENT # P05000090813**

1. Entity Name  
**ROSHANLAL & JAGTAR, INC.**



Principal Place of Business  
**1414 CAPE CORAL PARKWAY E  
 CAPE CORAL, FL 33904**

Mailing Address  
**1414 CAPE CORAL PARKWAY E  
 CAPE CORAL, FL 33904**

2. Principal Place of Business  
**1414 Cape Coral Pkwy E**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Cape Coral, FL**

City & State  
**Cape Coral**

Zip  
**33904**

Country

Zip  
 Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number  
**208004808**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SCHUTT, DARRIN R ESQ                      1105 CAPE CORAL PARKWAY E SUITE C                      CAPE CORAL, FL 33904</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

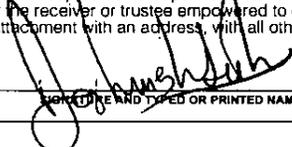
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGH, BINA	NAME	NAME SETHI, DASHMESH S	NAME
STREET ADDRESS 908 SUGARLOAF HILL	STREET ADDRESS	STREET ADDRESS 908 SUGARLOAF HILL	STREET ADDRESS
CITY-ST-ZIP NATRONA HEIGHTS, PA 15065	CITY-ST-ZIP	CITY-ST-ZIP NATRONA HEIGHTS, PA 15065	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEDI, JASVINDER S	NAME	NAME REDDY, SUDHAKAR A	NAME
STREET ADDRESS 624 BELLAFONTE STREET	STREET ADDRESS	STREET ADDRESS 124 WILMAR DR	STREET ADDRESS
CITY-ST-ZIP PITTSBURGH, PA 15232	CITY-ST-ZIP	CITY-ST-ZIP PITTSBURGH, PA 15238	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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:  \_\_\_\_\_

DATE: **05/05/06**

Daytime Phone # \_\_\_\_\_