

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90027 039 \*\*\*150.00

**DOCUMENT # P05000095122**

1. Entity Name  
**SONU SHUKLA, CPA, P.A.**



Principal Place of Business  
**5950 LAKEHURST DRIVE  
SUITE 287  
ORLANDO, FL 32819 US**

Mailing Address  
**5950 LAKEHURST DRIVE  
SUITE 287  
ORLANDO, FL 32819 US**

2. Principal Place of Business - No P.O. Box #  
**7380 Sand Lake Rd**

3. Mailing Address  
**Same as # 2**

Suite, Apt. #, etc.  
**Ste 500 PMB 5002**

Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State

Zip  
**32819**

Country  
**USA**

Zip

Country

07082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3109516**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SHUKLA, KSHITIJ  
5950 LAKEHURST DRIVE  
SUITE 287  
ORLANDO, FL 32819**

## 7. Name and Address of New Registered Agent

Name  
**Kshitij Shukla**

Street Address (P.O. Box Number is Not Acceptable)  
**7380 Sand Lake Rd Ste 500 PMB 5002**

City  
**Orlando**

FL Zip Code  
**32819**

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)

DATE

**7/9/08**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHUKLA, KSHITIJ  
5950 LAKEHURST DRIVE STE 287  
ORLANDO, FL 32819** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Kshitij Shukla  
7380 Sand Lake Rd Ste 500 PMB 5002  
Orlando FL 32819** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

**KSHITIJ SHUKLA** **7/9/08** **402897224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #