

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000146314

1. Entity Name
MEMORIES OF INDIA, INC. II



Principal Place of Business
3895 LAKE EMMA ROAD
SUITE 101
LAKE MARY, FL 32746 US

Mailing Address
3895 LAKE EMMA ROAD
SUITE 101
LAKE MARY, FL 32746 US



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3720701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILIP, JACKOSWALD
3895 LAKE EMMA ROAD
SUITE 101
LAKE MARY, FL 32746

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILIP, JACKOSWALD
STREET ADDRESS	3895 LAKE EMMA ROAD, SUITE 101
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	D
NAME	MOBARAK HASSAIN, MOHAMMED
STREET ADDRESS	3895 LAKE EMMA ROAD, SUITE 101
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	D
NAME	CHANG, KONG
STREET ADDRESS	3895 LAKE EMMA ROAD, SUITE 101
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 15 07