

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161064

Entity Name: KAVERI HANDICRAFTS, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

1200 FLORIDA ROAD  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

1200 FLORIDA ROAD  
CASSELBERRY, FL 32707

## New Mailing Address:

FEI Number: 69-8013468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMACHANDRAN, GANESH  
1200 FLORIDA ROAD  
CASSELBERRY, FL 32707 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAMACHANDRAN, GANESH  
Address: 1200 FLORIDA ROAD  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition  
Name: AMIN, RAJU  
Address: 1200 FLORIDA RD  
City-St-Zip: CASSELBERRY, FL 32707

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: AMIN RAJU

OWNE

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date