2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 AN ate

AITHORE REFORT					_ C			
DOCUMENT # P0600005289 1. Entity Name NARASIMHA INC			Secretary of St					
Principal Plac 5628 STRAN UNIT #1 NAPLES, FL	ID BLVD	Mailing Address 5628 STRAND BLVD UNIT #1 NAPLES, FL 34110				 	######################################	
DO NOT WRITE IN THIS SPACE			CE	01152008 No Chg-P CR2E034 (11/05) 4. FEI Number 41-2192334 Applied For Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required				
PATEL, AJAY R 5628 STRAND BLVD UNIT #1 NAPLES, FL 34110			DO NOT WRITE 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) ALE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, AJAY R 5628 STRAND BLVD., UNIT #1 NAPLES, FL 34110 D	RECTORS	-		U00(01/23/(00079118 08-80064	1 -005 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NARAPUREBBY, NARASIMHA 5628 STRAND BLVD., UNIT 1 NAPLES, FL 34110		:	DO	NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SI	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				1				
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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 amp appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #