

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90004 013 ***150.00

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1. Entity Name
SAPTAK SOLUTIONS, INC



Principal Place of Business
**5931 PAVILION DR.
JACKSONVILLE, FL 32258**

Mailing Address
**5931 PAVILION DR.
JACKSONVILLE, FL 32258**

40051400



2. Principal Place of Business - No P.O. Box #
4235 S FRANKLINIA ST
Suite, Apt. #, etc.

3. Mailing Address
4235 S FRANKLINIA ST
Suite, Apt. #, etc.

03042007 Chg-P CR2E034 (12/06)

City & State
SAINT AUGUSTINE, FL

City & State
SAINT AUGUSTINE, FL

4. FEI Number
20-4307272

Applied For
Not Applicable

Zip
32092

Country
USA

Zip
32092

Country
USA

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

**AVALA, SAPTHA
5931 PAVILION DR.
JACKSONVILLE, FL 32258**

Name
AVALA SAPTHA
Street Address (P.O. Box Number is Not Acceptable)
4235 S FRANKLINIA ST

City
SAINT AUGUSTINE **FL** Zip Code
32092

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 Saptha Avala

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

(NOTE: Registered Agent signature required when reinstating)

3/2/07

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
NAME **D** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**VENKAT, MANDADI
5931 PAVILION DR.
JACKSONVILLE, FL 32258**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DIRECTOR** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
**VENKAT MANDADI
4235 S FRANKLINIA ST
SAINT AUGUSTINE, FL-32092**

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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: Venkat Mandadi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07

Date

Daytime Phone #