

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90159 049 ***150.00

DOCUMENT # P06000132132 1. Entity Name VARSHA, INC.					
Principal Place of Business 2120 WHISPER LAKES BOULEVARD ORLANDO, FL 32837			Mailing Address 2120 WHISPER LAKES BOULEVARD ORLANDO, FL 32837		
2. Principal Place of Business - No P.O. Box # 2010 W. WASHINGTON ST		3. Mailing Address 2010 W. WASHINGTON ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 20-5728193	
Zip 32805		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32805		Country USA		6. Name and Address of Current Registered Agent PARBHOO, VARSHA 2120 WHISPER LAKES BOULEVARD ORLANDO, FL 32837	
7. Name and Address of New Registered Agent Name PARBHOO, VARSHA Street Address (P.O. Box Number is Not Acceptable) 2010 W. WASHINGTON ST City ORLANDO FL 32805		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 X <i>[Signature]</i>			
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARBHOO, VARSHA <input checked="" type="checkbox"/> Delete 2120 WHISPER LAKES BOULEVARD ORLANDO, FL 32837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMIN, ASHITKUMAR <input checked="" type="checkbox"/> Delete 2120 WHISPER LAKES BOULEVARD ORLANDO, FL 32837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARBHOO, VARSHA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2010 W. WASHINGTON ST ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMIN, ASHITKUMAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2010 W. WASHINGTON ST ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					