

May 08 2008 1:54PM HP LASERJET FAX

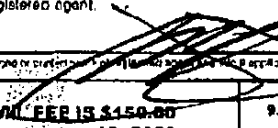
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FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 010 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000033146			
1. Entity Name INDI VASUDEVA SERVICES, INC.			
Principal Place of Business 5819 MILTON AVENUE SARASOTA, FL 34243		Mailing Address 5819 MILTON AVENUE SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # 2810 St. Isabel Street		3. Mailing Address 10530 Bermuda Isle Dr	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. -	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33607		Zip 33647	
Country USA		Country USA	
4. FEI Number 20-9671703		Applied For ☐ Not Application	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RICHARDSON, WAYNE F 5819 MILTON AVENUE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Frank Greco Street Address (P.O. Box Number is Not Acceptable) 4047 Henderson Blvd City Tampa FL Zip Code 33629	
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 		DATE 5/8/08	
FILE NOW! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP A. M. D. VASUDEVA INDI P 10530 BERMUDA ISLE TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 5/6/08 813.986.0607	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(12 phone) Phone #	

40101100



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