

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000055420

Entity Name: CHAMINA, INC.

FILED  
Feb 29, 2012  
Secretary of State

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 27-0442301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KHEMLANI, MOHANDASS  
Address: 11 COMMODORE COURT, WESTMOORINGS  
City-St-Zip: TRINIDAD WEST INDIES, XX XX XX

Title: VD  
Name: THANI, POONAM  
Address: 11 COMMODORE COURT, WESTMOORINGS  
City-St-Zip: TRINIDAD WEST INDIES, XX XX XX

I hereby 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 all other like empowered.

SIGNATURE: MOHANDASS KHEMLANI

PD

02/29/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date