2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000047388



FILED May 15, 2008 8:00 am Secretary of State

1. Entity Nam AMIT FOO		,,		:			15-2008 9003			
Principal Place	a of Rusiness		Mailing Address							
1537 SHADY OAK DRIVE KISSIMMEE, FL 34744			1537 SHADY OAK DRIVE KISSIMMEE, FL 34744							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 4351 FLORA VISTA DR			HAMAR EILIG BAILL ABIIL LA				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04222008	Chg-P	CR2E03	4 (12/06)		
City & State		ORLANDO, FZ			4. FEI Numbe 59-3191			Applied For Not Applicable		
Zip	Zip Country		Zip 32837			5. Certificate of Status Desired \$8.75 Additional Fee Required				
,	6. Name	and Address of Current				7. Name and Address of New Registered Agent				
KAPADIA,	ANII	4			Name					
1537 SHADY OAK DRIVE KISSIMMEE, FL 34744			Street Address			P.O. Box Numbe	er is Not Acceptab	le)	· - · · · · · · · · · · · · · · · · · ·	
WOONWINEL, I'E 34744				ro						
÷.					City	City FL			Zip Code	
the obligat	named entit ions of regist		or the purpose of changing its	registere	ed office or register	red agent, or bot	h, in the State of F	lorida. 1 am fa	miliar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agen	t and title if applicable, (NOT	E: Registered	d Agent signature required	when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.	9. Election Campa Trust Fund Con	-		.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF			
l	1			TITLE					Change	Addition
TITLE	PD KAPADIA	ANII	☐ Delete	TITLE	I					
NAME STREET ADDRESS	KAPADIA	., ANIL ADY OAK DRIVE	☐ Delete	NAM	I					
NAME	KAPADIA 1537 SHA		☐ Delete	NAME STRE	ŧ					
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Interest certify that the information supplied with this iting 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 Impowered.

ANIL

ANIL

ANIL

ANIL

ANIL

ANIL

ANIL

KAPADIA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Date

760D

Daytime Phone #