

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90004 047 ***150.00

DOCUMENT # P93000057443 1. Entity Name SATISH, INC.					
Principal Place of Business 12301 SW 132 CIRCLE 202 MIAMI, FL 33186 US			Mailing Address 12301 SW 132 CIRCLE 202 MIAMI, FL 33186 US		
2. Principal Place of Business 14 NE 1st AVE		3. Mailing Address 14 NE 1st AVE			
Suite, Apt. #, etc. 503		Suite, Apt. #, etc. 503			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131		Country USA		4. FEI Number 65-0429726	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent TOLANI, GIRDARI 9103 S.W. 138 PLACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>[Signature]</i></u>		DATE: <u>8/1/05</u>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP TOLANI, NARESH 12301 SW 132 CT STE 202 MIAMI, FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST TOLANI, NARESH 12301 SW 132 CT STE 202 MIAMI, FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TOLANI, GIRDARI 12301 SW 132 CT STE 202 MIAMI, FL 33139			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TOLANI, CITANDNI 12301 SW 132 CT STE 202 MIAMI, FL 33132			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>8/1/05</u> Daytime Phone #: <u>305-374-7484</u>					