## ✓ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000063855** 

THE BOOK PERSON TO BE WELL TO BE

1. Entity Name

VICKRAM ENTERPRISES INC.



FILED Feb 27, 2008 08:00 Al Secretary of State

Principal Place of Business

11654 QUAIL ROOST DR MIAMI, FL 33157 Mailing Address

11654 QUAIL ROOST DR MIAMI, FL 33157



## DO NOT WRITE IN THIS SPACE

02252008	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	

65-0465435 Not Applicable

5. Certificate of Status Desired Fee Required

Status Desired Fee Required

6. Name and Address of Current Registered Agent

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SINGH, SABRINA 11654 QUAIL ROOST DR 33157 MIAMI, FL 33157 DO NOT WRITE

•			Company of the Market of the Market	of the state of th
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registers	ed office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE			rd Agent signeture required when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	S. Election Campaign Finar Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-7IP	PTS SINGH, GANGADAI 11654 QUAIL ROOST DR MIAMI, FL 33157			termontaling to the later the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03/06/08-80053 <sub>7</sub> -010-150; 00
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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:

STREET ADDRESS CITY-ST-ZIP

EGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/08

Daytime Phone #