

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90152 024 ***150.00

DOCUMENT # P96000012981 1. Entity Name BOMBAY SARI PALACE, INC.					
Principal Place of Business 11301 S. ORANGE BLOSSOM TRAIL #105 ORLANDO, FL 32837			Mailing Address 11301 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3360930	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHMED, SHAMSUL I 12505 BEACON TREE WAY ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name CHoudhary RAZIA Street Address (P.O. Box Number is Not Acceptable) 2232 BAY LEAF DR. DR. City ORLANDO FL Zip Code 32837		
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>Razia Choudhary</i></u> (NOTE: Registered Agent signature required when reinstating) <u>3/9/2006</u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, SHAMSUL I 11301 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUPPIS CHoudhary RAZIA 2232 BAY LEAF DR. DR. ORLANDO FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Razia Choudhary</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>3/9/2006</u> Date Daytime Phone #		

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