

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90190 026 ***150.00

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1. Entity Name
WINFALL CORPORATION



Principal Place of Business
**P. O. BOX 1119
ALACHUA, FL 32616 US**

Mailing Address
**P.O. BOX 1119
ALACHUA, FL 32616 US**

60033751



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3382534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KHURANA, MICHELE
18107 NW COUNTY RD 239
ALACHUA, FL 32615**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KHURANA, MICHELE
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	KHURANA, NAVEEN
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	PALOMAR, NIMAI
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	KHURANA, NILACALA
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08

365-4162205