

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073965

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: BIG FIVE TOURS AND EXPEDITIONS, INC.

**Current Principal Place of Business:**

1551 SE PALM CT  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3261  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 65-0798995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANGHRAJKA, MAHEN  
1551 SE PALM COURT  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANGHRAJKA, MAHEN  
Address: 20 S. VIA LUCINDIA DRIVER  
City-St-Zip: SUART, FL 34996

Title: S ( ) Delete  
Name: SNGHRAJKA, USHA  
Address: 20 S. VIA LUCINDIA DRIVE  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAHEN SANGHRAJKA

P

01/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date