

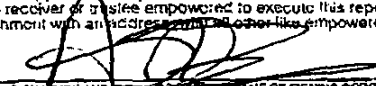
FROM :

FAX NO. :

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 044 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000093262		
1. Entity Name ASHANKHA, INC.		
Principal Place of Business 3511 N.W. 113 COURT MIAMI, FL 33178 US	Mailing Address 3511 N.W. 113 COURT MIAMI, FL 33178 US	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent SCHIFF, JAMES M 9130 SOUTH DADELAND BLVD SUITE 1609 MIAMI, FL 33156		DO NOT WRITE IN THIS SPACE
9. 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 _____ (NOTE: Registered Agent signature required when re-electing) Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KITCHLOO, ASHOK 165 DOCKSIDE CIRCLE WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 and other like empowered.		
SIGNATURE: 		Date: 5.2.05 Time: 3:05-4:17-9394

14016107



04302005 No Chg-P - CR2E034 (10/03) -

4. FEI Number 59-3422049	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**