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.

14016107

Principal Place of Business	Mailing Address
3511 N.W. 113 COURT MIAMI, FL 33178 US	3511 N.W. 113 COURT MIAMI, FL 33178 US

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

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4. FEI Number
59-3422049

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIFF, JAMES M
9130 SOUTH DADELAND BLVD
SUITE 1609
MIAMI, FL 33156

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	KITCHLOO, ASHOK
STREET ADDRESS	165 DOCKSIDE CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 5.2.05 305-477-9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #