

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000030910

Entity Name: DURGAMA, INC.

FILED
Oct 21, 2005
Secretary of State

Current Principal Place of Business:

2445 STATE ROAD 16
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

1300 N. PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

2445 S R 16
ST AUGUSTINE, FL 32092 US

New Mailing Address:

1300 N. PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 US

FEI Number: 59-3451084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, JYOTSNA
1300 N. PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, NARENDRA
Address: 1300 N PONCE DE LEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VPST () Delete
Name: PATEL, JYOTSNA
Address: 1300 N PONCE DE LEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VST () Change (X) Addition
Name: PATEL, AMEET
Address: 1300 N. PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: OFFI () Change (X) Addition
Name: BHAVINI, PATEL
Address: 1300 N. PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JYOTSNA PATEL

VPST

10/21/2005

Electronic Signature of Signing Officer or Director

Date