

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000686

Entity Name: POONAM, INC.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

7400 CANADA AVE.
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7400 CANADA AVE.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3489210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALIDAS, VINOD
7400 CANADA AVENUE
ORLANDO, FL 32819 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: KALIDAS, VINAD
Address: 9111 MID PINES G
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: KALIDAS, DINESH K
Address: 7034 HORIZON CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: MANAKLAL, KALIDAS
Address: 7034 HORIZON CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: T () Delete
Name: KALIDAS, KIRTI
Address: 7095 HORIZON CIRCLE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KALIDAS, VINOD
Address: 9111 MID PINES G
City-St-Zip: ORLANDO, FL 32819

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

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 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: VINOD KALIDAS

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date