FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2001 8:00 am Secretary of State P98000082532 **DOCUMENT #** 1. Entity Name 07-17-2001 90008 028 ***550.00 BHAGYA NAGAR CORPORATION Principal Place of Business Mailing Address 4420 FM 1960 WEST, STE. 224 4420 FM 1960 WEST, STE. 224 HOUSTON TX 77068 HOUSTON TX 77068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2896263 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD DOUGLAS AT THE Street Address (P.O. Box Number is Not Acceptable) 81 KING ST., STE. A ST. AUGUSTINE FL 32084 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (5/01) TITLE ☐ Change Addition ☐ Delete TITLE YALAMANCHILI, CHOWDARY NAME NAME 4420 FM 1960 WEST, STE. 224 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77068** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME CHAN, ROLITA NAME 14911 WUNDERLICH #405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-ZIP ☐ Addition ☐ Delete BELANGER, ANGELA NAME & J. Total NAME 12204 CYPRESS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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

acdurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachn ke empowered

SIGNATURE: