

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90026 004 ***150.00

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1. Entity Name
KAKATIYA CORPORATION



River Garden

Principal Place of Business

4009 N HOWARD
TAMPA, FL 33607

Mailing Address

4420 FM 1960 WEST
STE 224
HOUSTON, TX 77068

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
74-2904162

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN KINGMAN
749 N GARLAND AVE, STE 101
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 YALAMANCHILI, CHOWDARY
STREET ADDRESS 12204 CYPRESS CT
CITY - ST - ZIP HOUSTON, TX 77065

TITLE AVP
NAME OMANDAM, OLGA
STREET ADDRESS 4420 FM 1960 WEST, STE 224
CITY - ST - ZIP HOUSTON, TX 77068

TITLE S
NAME BELANGER, ANGELA
STREET ADDRESS 12204 CYPRESS CT.
CITY - ST - ZIP HOUSTON, TX 77065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #