


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000086555 1. Entity Name GUMMAKONDA PROPERTIES, INC.	
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Principal Place of Business 1011 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020	Mailing Address 1011 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0951757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

REDDY, SHEKAR
1011 NORTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

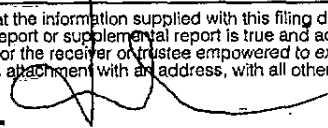
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000278076
03/28/05-80011-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REDDY, SHEKAR 1011 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REDDY, SHYLAJA 1011 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **CHEKAR REDDY** 3/28/05 954-895-1947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #