

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110722

Entity Name: WAKO EXIM, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

451 ALTAMONTE AVE
#1421
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

6203 C2 WEST SANDLAKE RD
ORLANDO, FL 32819

Current Mailing Address:

451 ALTAMONTE AVE
#1421
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

6203 C2 WEST SANDLAKE RD
ORLANDO, FL 32819

FEI Number: 65-0969379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARAMCHANDANI, SHAM
451 ALTAMONTE AVE 1421
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

KARAMCHANDANI, SHAMI
6203 C2 WEST SANDLAKE RD
ORLANDO, FL 32819 US

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: SHAMI KARAMCHANDANI

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KARAMCHANDANI, SHAMI
Address: 3176 FLORAL WAY (E)
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: KARAMCHANDANI, SANJIV
Address: 3176 FLORAL WAY (E)
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: KARAMCHANDANI, PARVATT
Address: 3176 FLORAL WAY (E)
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: SHAMI KARAMCHANDANI

DPS

03/24/2009

Electronic Signature of Signing Officer or Director

Date