


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # V18550 1. Entity Name VIKRAM, INC.	
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Principal Place of Business ORMOND BEACH MKT PLACE NORTH NOVA ROAD ORMOND BEACH, FL 32174	Mailing Address 303 BIRCHWOOD PK DRIVE JERICHO, NY 11753
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02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3109577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SZYMANSKI, RONALD SR 84 COMANCHE CT. PALM COAST, FL 32137

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUPTA, RAJESH K. 1986 STEWART AVENUE NEW HYDE PARK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAJAJ, DR. RANDHIR 85 COACHMEN PLACE WEST MUTTONTOWN, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERMA, DR. SHYAM 801 GARDEN ST TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DATT, NEERAJ 76-36 265TH STREET NEW HYDE PARK, NY 11040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Rajesh K Gupta **RAJESH K. GUPTA** 4/25/2005 (212) 762-5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #