

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34464

Entity Name: RAKSHA, INC.

FILED  
Mar 05, 2008  
Secretary of State

**Current Principal Place of Business:**

980 W. BREVARD ST  
TALLAHASSEE, FL 323047709 US

**New Principal Place of Business:**

**Current Mailing Address:**

980 W. BREVARD ST  
TALLAHASSEE, FL 323047709 US

**New Mailing Address:**

FEI Number: 59-3123444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMIN SURENDRA C  
5135 ILE DE FRANCE DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMIN, SURENDRA  
Address: 5135 ILE DE FRANCE DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete  
Name: AMIN, RAKSHA S  
Address: 980 W. BREVARD ST.  
City-St-Zip: TALLAHASSEE, FL 323047709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SURENDRA AMIN

PD

03/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date