


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90014 027 \*\*\*150.00

**DOCUMENT # P04000128655**

1. Entity Name  
**DAMODARDAS INCORPORATED**



Principal Place of Business      Mailing Address  
**3404 GREEN HOLLOW DRIVE**      **3404 GREEN HOLLOW DRIVE**  
**ISELIN NJ 08830**      **ISELIN NJ 08830**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **20-1630736**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**

**EPSTEIN, SHAYNE ESQUIRE**  
**750 EAST SAMPLE ROAD**  
**BUILDING 2, SUITE 102**  
**POMPANO BEACH FL 33064**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	DHRANGADHRIA, AALAP	
STREET ADDRESS	3404 GREEN HOLLOW DRIVE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHOKSHI, PRAKASHCHANDRA	
STREET ADDRESS	3404 GREEN HOLLOW DRIVE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	ZAVERI, GITA J	
STREET ADDRESS	3404 GREEN HOLLOW DRIVE	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Aalap Dhrangadhria      03/06/05      (732) 634 7582  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #