


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90168 032 ***150.00

DOCUMENT # F07000004023			
1. Entity Name CFC INDIA SERVICES PRIVATE LIMITED INC.			
Principal Place of Business 9TH FLOOR, A WING, BLDG. 12, PARADIGM, NEW LINK RD. MINDSPACE, MALAD (W) MUMBAI, INDIA, 400065,		Mailing Address 9TH FLOOR, A WING, BLDG. 12, PARADIGM, NEW LINK RD. MINDSPACE, MALAD (W) MUMBAI, INDIA, 400065,	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8521 Fallbrook Ave, WH-11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State West Hills, California	
Zip	Country	Zip 91304	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KEATING, MICHAEL 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP JONES, THOMAS RIVERBRIDGE HOUSE, ANCHOR BLVD., CROSSWAYS DARTFORD, KENT, UK, DA26DS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAHU, GAJANAND 9TH FLOOR, A WING, BLDG. 12, PARADIGM, NEW MUMBAI, INDIA, 400065, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Keating, President			

60032692



01142008 Chg-P CR2E034 (12/06)

4. FEI Number **20-2759203** Applied For Not Applicable

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