## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000021967

Entity Name: SUB-Z SHAKTI VISION, INC.

#### **Current Principal Place of Business:**

5348 VEGAS DRIVE 1125 LAS VEGAS, NV 89108

# **Current Mailing Address:**

999 N DOHENY DR. 1007 WEST HOLLYWOOD, CA 90069 US

## FEI Number: 27-3165399

## Name and Address of Current Registered Agent:

FLOYD, PATRICIA A 13916 BRAMBLE BUSH CT ORLANDO, FL 32832 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

|  | Title           | DIRECTOR                         | Title           | PRESIDENT                        |
|--|-----------------|----------------------------------|-----------------|----------------------------------|
|  | Name            | KOHLI, ANKUSH                    | Name            | KOHLI, ANKUSH                    |
|  | Address         | 999 N DOHENY DR<br>612           | Address         | 999 N DOHENY DR<br>612           |
|  | City-State-Zip: | WEST HOLLYWOOD CA 90069          | City-State-Zip: | WEST HOLLYWOOD CA 90069          |
|  | <b>-</b> :      |                                  |                 |                                  |
|  | Title           | TREASURER                        | Title           | SECRETARY                        |
|  | l itle<br>Name  | TREASURER<br>KOHLI, ANKUSH       | Title<br>Name   | SECRETARY<br>KOHLI, ANKUSH       |
|  |                 |                                  |                 |                                  |
|  | Name            | KOHLI, ANKUSH<br>999 N DOHENY DR | Name            | KOHLI, ANKUSH<br>999 N DOHENY DR |

I hereby 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 all other like empowered.

#### SIGNATURE: ANKUSH KOHLI

DIRECTOR

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No