

**2015 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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           KOHLI, ANKUSH  
Address        999 N DOHENY DR  
                  612  
City-State-Zip: WEST HOLLYWOOD CA 90069

Title           PRESIDENT  
Name           KOHLI, ANKUSH  
Address        999 N DOHENY DR  
                  612  
City-State-Zip: WEST HOLLYWOOD CA 90069

Title           TREASURER  
Name           KOHLI, ANKUSH  
Address        999 N DOHENY DR  
                  612  
City-State-Zip: WEST HOLLYWOOD CA 90069

Title           SECRETARY  
Name           KOHLI, ANKUSH  
Address        999 N DOHENY DR  
                  612  
City-State-Zip: WEST HOLLYWOOD CA 90069

*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**

**CEO**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date