## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 08, 2008 08:00 AN Secretary of State DOCUMENT # G37960 1. Entity Name SHAVIK INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 2248 NW56TH STREET 2248 NW56TH STREET BOOARATON FL 33496 BOOARATON, FL. 33496 LG No Chg-P 01222008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2287177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SABNANI, SURESH G. DO NOT WRITE 12215 SW 101 TERRACE MIAMI, FL 33186 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KIRPALANI, V.J. NAME 2298 NW 56TH ST. STREET ADDRESS. CITY-ST-7IP BOCA RATON, FL U00000820384 02/18/08-80026-011 150.00 TITLE KIRPALANI, S.J. NAME STREET ADDRESS 2298 NW 56TH ST. CITY-ST-7IP BOCA RATON, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certily that the information supplied with this filling 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 abdiess, with all plater like empowered.

SIGNATURE: \_

TITLE
NAME
STREET ADDRESS
CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23,08

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