

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90151 028 ***150.00

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|--------------------------------|
| DOCUMENT # P01000045921 |
| 1. Entity Name Shantoja Inc |

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20054673

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|---|---|
| 2. Principal Place of Business 1225 S Patrick Drive Suite, Apt. #, etc. | 3. Mailing Address 1225 S Patrick Drive Suite, Apt. #, etc. |
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|-------------------------------------|-------------------------------------|---|--------------------------------|
| City & State Satellite Beach, FL | City & State Satellite Beach, FL | 4. FEI Number 59-3712761 | Applied For Not Applicable |
| Zip 32937 | Country | Zip 32937 | Country |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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|--|
| Name CHOWDHURY, MOBASHER H |
| Street Address (P.O. Box Number is Not Acceptable) 1225 S PATRICK DRIVE |
| City SATellite BEACH FL 32937 |
| State FL |
| Zip Code 32937 |

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHOWDHURY, MOBASHER H 2800 N WICKHAM RD., #1410 MELBOURNE FL 32935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ISLAM, ANNA 1361 ANDES DR. WINTER SPRINGS FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BHUIYAN, SHABNAM I 127 WOODLEAF DR. WINTER SPRINGS FL 32708 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-05 (321) 773-1333