2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # P02000013243 1. Entity Name MAHA SHAKTI CORPORATION					04-13-2004 90015 047 ***150.00				
Principal Place 9871 SAGO F BAYOU CLUB LARGO, FL 3	Point drive Estates	Mailing Address 9871 SAGO POINT DRIVE BAYOU CLUB ESTATES LARGO, FL 33777		(SEME HEIL BEHL ESHH ESHH		(111 0 1.16 11 3.1000 111	 1 1 1 1 1 	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		03272004	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Numbe 36-4487			<u> </u>	plied For t Applicable
Zip	Country	Zip Count		<i>y</i>	5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren		7. Name and Address of New Registered Agent Name						
PATEL, MUKUND D 9871 SAGO POINT DRIVE BAYOU CLUB ESTATES LARGO, FL 33777				Street Address (P.O. Box Number is Not Acceptable)					
				· · ·					
24103,12 3377			-	City			FL	Zip Code	e
	named entity submits this statement lions of registered agent.	for the purpose of changing its	s registered	d office or register	red agent, or both	n, in the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agei	nt and talle if applicable (NO	TE, Registered A	Agent signature recivired	t where reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	_		. 00 May Be				
	ay 1, 2004 Fee will be \$550	.00 Trust Fund Con	ntribution.	Add	led to Fees				
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF	ICERS AN		
TITLE ! NAME			TITLE NAME					☐ Change	Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	LARGO, FL 33777		CITY-S	if-ZIP					
TITLE	/SD Delete III		TITLE	``	<u></u>			Change	Addition
NAME	PATEL, CHANDRIKA M		NAME						
STREET ADDRESS CITY-ST-ZIP	1		STREET CITY-S	ADDRESS					
	LARGO, FL 33777							[] (bases	
TITLE NAME	}	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	L		CITY-S	T - ZIP					
TITLÉ		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	1000000					
STREET ADDRESS CITY-ST-ZIP			GITY-S	ADDRESS ST-ZIP					
TITLE	<u> </u>	□ Delete	TITLE					☐ Change	Addition
NAME		Delete	NAME					CT Olitildo	
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET	r address					
CITY-ST-ZIP			CITY-S	ĺ					
12. I hereby indicated	Dertify that the information supplied with this report or supplemental report	ith this filling does not qualify for is true and accurate and that	or the exem	iption stated in Se ire shall have the	ection 119.07(3)(i same legal effec), Florida Statutes. I	I further ce	rtify that the in	nformation or director

12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Futured 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 eath; 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.

crianged, of our an additional with an address, with all other line empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-04 813 835 6262

Daytime Phone #