

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

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b> P03000071442
<b>1. Entity Name</b> Druv Inc

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 711 Ashford Oaks drive Apt # 103 Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
City & State Altamonte Springs, FL	City & State
Zip 32714	Country

U00000092127  
03/18/04-80037-006 150.00

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-0590925	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Shah, Amit	
Street Address (P.O. Box Number is Not Acceptable) 711 Ashford Oaks Drive Apt 103	
City Altamonte Springs	Zip Code 32714

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

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 \$81.25**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Shah, Amit 711 Ashford Oaks Drive Apt 103 Altamonte Springs, FL - 32714
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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)(i), 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:**  **03/11/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #