


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90141 025 \*\*\*150.00

DOCUMENT # P04000104699

1. Entity Name  
 SHAHANA INC



Principal Place of Business  
 12895 MCGREGER BLVD  
 FORT MYERS, FL 33919

Mailing Address  
 13315 FIRST STREET 12825 IVORY STONE LOOP  
 FORT MYERS, FL 33905 33913

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-1365979

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

SYED, SAMIR B  
 13315 FIRST STREET  
 FORT MYERS, FL 33905

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
 NAME SYED, SAMIR B  
 STREET ADDRESS 13315 FIRST STREET 12825 IVORY STONE LOOP  
 CITY-ST-ZIP FORT MYERS, FL 33905 33913

TITLE SECR  
 NAME SYED, SHAHANA G  
 STREET ADDRESS 13315 FIRST STREET 12825 IVORY STONE LOOP  
 CITY-ST-ZIP FORT MYERS, FL 33905 33913

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE:  3/12/07 ✓ 239-433-4376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #