


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90180 011 \*\*\*150.00

<b>DOCUMENT # J02515</b> 1. Entity Name <b>SHREE MAHAVIR, INC.</b>					
Principal Place of Business <b>79 JOHN SIMS PARKWAY VALPARAISO, FL 32580</b>			Mailing Address <b>79 JOHN SIMS PARKWAY VALPARAISO, FL 32580</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2640636</b>					
5. - Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>PETERSON, JOHN 912 S PALM BIRD SUITE E NICEVILLE, FL 32578</b>					
7. Name and Address of New Registered Agent Name <b>Jitendra J Patel</b> Street Address (P.O. Box Number is Not Acceptable) <b>79 John Sims Pkwy</b> City <b>Valparaiso</b> <b>FL</b> Zip Code <b>32580</b>					
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 <u><i>Jitendra Patel</i></u> <b>JITENDRA PATEL</b> DATE <u>4/30/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. PATEL, JITENDRA J <input type="checkbox"/> Delete 79 JOHN SIMS PKWY VALPARAISO, FL 32580		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LATA, PATEL <input type="checkbox"/> Delete 79 JOHN SIMS PKWY VALPARAISO, FL 32580		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jitendra Patel</i></u> <b>JITENDRA PATEL</b> Date <u>4/30/08</u> Daytime Phone # <u>(678-5151) 850-678-5151</u>					