2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver changed, or on an attachment wi

SIGNATURE:

Sep 12, 2005 8:00 am Secretary of State DOCUMENT # L14596 09-12-2005 90002 033 ***150.00 1. Entity Name SHAH BROTHERS OF TAMPA BAY, INC. Principal Place of Business Mailing Address 981 CARDIGAN LN. 981 CARDIGAN LN. 50066368 PALM HARBOR, FL 34683-6002 US PALM HARBOR, FL 34683-6002 US 09022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2963470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAH, CHETAN R. DO NOT WRITE 981 CARDIGAN LN. PALM HARBOR, FL 34683-6002 IN THIS SPACE ly 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 8. The above named eptid the obligations of Shah Di SIGNATURE d Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE **PDST** SHAH, CHETAN R. NAME STREET ADDRESS 981 CARDIGAN LN. CITY-ST-7IP PALM HARBOR, FL 346836002 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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/eport 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 of truetee employment of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED