2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L25171

1. Entity Name
ASSURA - SHAUN CORP.

Principal Place of Business	Mailing Address
CRYSTAL LKE CHEVRON 390 W. SAMPLE RD POMPANO BEACH, FL 33064 US	6795 NW 43RD PLACE CORAL SPRINGS, FL 33067 US

01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0150138
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT, RAMAN
6795 N.W. 43RD PL.
CORAL SPRINGS, FL 33064

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	ROBERT, RAMAN
STREET ADDRESS	6795 N.W. 43RD PL.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	VS
NAME	ROBERT, AKLIMA
STREET ADDRESS	6795 N.W. 43RD PL.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	ROBERT, SHAUN
STREET ADDRESS	6795 N.W. 43RD PL.
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	KUMAR, SANDHYA
STREET ADDRESS	6795 N.W. 43RD PL.
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	KUMAR, PRIYA
STREET ADDRESS	6795 N.W. 43RD PL.
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	KUMAR, ANANDA
STREET ADDRESS	6795 N.W. 43RD PL.
CITY-ST-ZIP	CORAL SPRINGS, FL 33067

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02/01/05-80041-022 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R Robert 1-28-05 9547850810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #