

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90022 021 ***150.00

DOCUMENT # L25171 1. Entity Name ASSURA - SHAUN CORP.					
Principal Place of Business CRYSTAL LAKE CHEVRON 390 W. SAMPLE RD POMPANO BEACH, FL 33064 US			Mailing Address 6795 NW 43RD PLACE CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0150138	
City & State Zip Country		City & State Zip Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	P ROBERT, RAMAN 6795 N.W. 43RD PL. CORAL SPRINGS, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Assura Robert 6795 NW 43rd Pl Coral Springs FL 33067. ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBERT, AKLIMA 6795 N.W. 43RD PL. CORAL SPRINGS, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, SHAUN 6795 N.W. 43RD PL. CORAL SPRINGS, FL 33067 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMAR, SANDHYA 6795 N.W. 43RD PL. CORAL SPRINGS, FL 33067 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMAR, PRIYA 6795 N.W. 43RD PL. CORAL SPRINGS, FL 33067 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMAR, ANANDA 6795 N.W. 43RD PL. CORAL SPRINGS, FL 33067 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40015800



01052008 Chg-P CR2E034 (12/06)