

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000774

1. Entity Name  
PATH SHALA, INC.



Principal Place of Business  
3314 S DALE MABRY HWY  
TAMPA, FL 33629

Mailing Address  
3314 S DALE MABRY HWY  
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3673374

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, GHANSHYAM  
3314 S DALE MABRY HWY  
TAMPA, FL 33629

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

*Ghanshyam L. Patel* Director

2/13/05

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GANDHI, SUNIL G  
STREET ADDRESS 599 BRITAIN ST  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☐ Delete  
NAME PATEL, GHANSHYAM L  
STREET ADDRESS 3314 SOUTH DALE MABRY  
CITY-ST-ZIP TAMPA, FL 33629

TITLE D ☐ Delete  
NAME PATEL, PANKAJBHAI C  
STREET ADDRESS 180 OAK GROVE CIRCLE  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☐ Delete  
NAME PATEL, NILESH G  
STREET ADDRESS 3314 S DALE MABRY HWY  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 617, 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:

*Ghanshyam L. Patel*

GHANSHYAM L. PATEL

2/2/05

813-784-6930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
2005 FEB - 7 P 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

