


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90050 003 ***150.00

DOCUMENT # P00000003221	
1. Entity Name ISHVAR ESTATES, INC.	

Principal Place of Business 201 PARK PLACE SUITE 300 ALTAMONTE SPRINGS, FL 32701	Mailing Address 201 PARK PLACE SUITE 300 ALTAMONTE SPRINGS, FL 32701
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40016724



2. Principal Place of Business - No P.O. Box # 682 MAITLAND AVE Suite, Apt. #, etc.	3. Mailing Address 682 MAITLAND AVE Suite, Apt. #, etc.
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01132007 Chg-P CR2E034 (12/06)

City & State ALTAMONTE SPRINGS FL	City & State ALTAMONTE SPRINGS FL
Zip 32701	Zip 32701
Country	Country

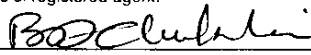
4. FEI Number 59-3616836	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHOKSHI, BHARATI 201 PARK PLACE SUITE 300 ALTAMONTE SPRINGS, FL 32701	
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7. Name and Address of New Registered Agent Name CHOKSHI BHARATI Street Address (P.O. Box Number is Not Acceptable) 682 MAITLAND AVE City ALTAMONTE SPRINGS FL Zip Code 32701	
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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 02.12.07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHOKSHI, BHARATI 10620 SUNRISE TERR DR ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHUKLA, ALKA V 321 VIA TUSCANY LOOP LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: 	DATE 02.12.07	DAYTIME PHONE # (407) 332-8311
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