## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 08:00 AM DOCUMENT # P00000056277 **Secretary of State** Entity Name SADASHIV, INC. Principal Place of Business Mailing Address 3171 HIGHLAND LAKEVIEW CIRCLE LAKELAND FL 33813 3171 HIGHLAND LAKEVIEW CIRCLE LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE) Number Applied For 59-3650226 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name PATEL, ASHWINKUMAR H 3171 HIGHLAND LAKEVIEW CIRČLE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 Zip Cade FL 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 Ogniture typed or practed name of repistered agent and life if applicable (NOTE Registered Agent signature required when romstating) TAC FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Oelete TITLE ☐ Change Addition NAME PATEL, ASHWINKUMAR H NAME STREET ADDRESS 3171 HIGHLAND LAKEVIEW CIRCLE STREET ADDRESS CITY-SI-ZIP HRHAMASSSS4 LAKELAND FL 33813 CITY-ST-ZIP 33/18/30 HINS-021- think IN Addition TITLE ☐ Delete TITLE NAME FIG. SAF STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change 🔲 Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIF CITY-SY-ZIP TITLE Defete HAE ☐ Change Addition NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CRY-St-ZIP DILLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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 appears. With all other like empowered.

PHWINDOWNAN TATEL

**SIGNATURE:** 

3/4/08

FILED