

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000007961

1. Entity Name
SHIVANI FOOD, INC.



Principal Place of Business
2018 S CHICKASAW TR
ORLANDO, FL 32825

Mailing Address
2018 S CHICKASAW TR
ORLANDO, FL 32825



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3692024

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAH, VISHAKHA
2018 S CHICKASAW TR
ORLANDO, FL 32825

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

1100000127761
04/26/04-80010-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAPADIA, NILKANTH
STREET ADDRESS	2018 S CHICKASAW TR
CITY - ST - ZIP	ORLANDO, FL 32825
TITLE	V
NAME	KAPADIA, ANIL
STREET ADDRESS	1537 SHADY OAK DR
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	S
NAME	SHAH, DHIMANT
STREET ADDRESS	168 OAK GROVE
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	T
NAME	SHAH, VISHAKHA
STREET ADDRESS	168 OAK GROVE
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/04 407-384-1168