

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000026187 1. Entity Name SHREE KUSUMBEN, INC.	
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Principal Place of Business 42 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084	Mailing Address 42 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084
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02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FRI Number 59-3732083	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BONDURANT, EVERETT H JR. C/O FLORIDA TRUST SERVICES ONE SAN JOSE PLACE - SUITE 17 JACKSONVILLE, FL 32257
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**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 _____ DATE _____
(Signature should be printed name of registered agent and the 12-digit code) (NOTE: Registered Agent signature required when reappointing)

**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**

U000000064306
02/24/04-80007-009 150.00

10. OFFICERS AND DIRECTORS	
NAME PATEL, TALESH 42 SAN MARCO AVE SAINT AUGUSTINE, FL 32084	
NAME PATEL, KUSUMBA U 42 SAN MARCO AVENUE SAINT AUGUSTINE, FL 32084	
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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 or changed or on an attachment with an address with all other like empowered.

SIGNATURE: Talish Patel President **2-18-04** **904-797-2954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date