


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2005 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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02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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 *T. K. Patel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3-14-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, TALESH 42 SAN MARCO AVE SAINT AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PATEL, KUSUMBA U 42 SAN MARCO AVENUE SAINT AUGUSTINE, FL 32084
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03/16/05-80036-017 150.00

**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 like empowered.

SIGNATURE:

T. K. Patel *Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05
Date

904-347-3467
Daytime Phone #