2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2008 8:00 am
Secretary of State
03-19-2008 90029 029 ***150.00

DOCUMENT # P01000026187

1. Entity Name
SHREE KUSUMBEN, INC.

Principal Place of Business	Mailing Address
42 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084	42 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084

66007195

01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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

PATEL, TALESH V
42 SAN MARCO AVE
SAINT AUGUSTINE, FL 32084

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 TK Patel - Talesh Patel 3-4-08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, TALESH
STREET ADDRESS	42 SAN MARCO AVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	ST
NAME	PATEL, KUSUMBEN V
STREET ADDRESS	42 SAN MARCO AVENUE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CLIENT'S COPY
FROM
CALHOUN & ATWOOD, LLC
CERTIFIED PUBLIC ACCOUNTANTS
ST. AUGUSTINE, FLORIDA

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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: TK Patel 4-14-08 904-347-3467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #