2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90024 024 ***150.00

DOCUMENT # P01000037335

1. Entity Name
AMISHAH INC.

Principal Place of Business
3120 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33614

Mailing Address
3120 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

02142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3709199

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, NILESH M
115 SOUTH WILLOW AVENUE
TAMPA, FL 33606

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 (REQUIRED) Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	AMIN, LEENA
STREET ADDRESS	3120 WEST HILLSBOROUGH AVENUE
CITY ST ZIP	TAMPA, FL 33614
TITLE	D
NAME	SHAH, PARUL
STREET ADDRESS	3120 WEST HILLSBOROUGH AVENUE
CITY ST ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 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: ____________________ 4/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #