


**AMENDED FOR 2003  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 18 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045921  
1. Entity Name  
Shantoja, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1225 S. Patrick Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1225 S. Patrick Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Satellite Beach, FL

City & State  
Satellite Beach, FL

4. FEI Number  
593712761

Applied For  
 Not Applicable

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

Zip 32937 Country USA Zip 32937 Country USA

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Mobasher B. Chowdhury

Street Address (P.O. Box Number is Not Acceptable)  
1225 S. Patrick Drive

City  
Satellite Beach FL Zip Code 32937

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 *Mobasher B. Chowdhury* DATE 6/9/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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	VP, D Bhuiyan, Shabnam M. 127 Wood Leaf Drive Winter Springs, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800021160388 06/28/03--01058--023 **\$61.24
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Chowdhury, Mobasher H. 2880 N. Wickham Road, #1410 Melbourne, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D, and Islam, Anna 1361 Andes Drive Winter Springs, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mobasher B. Chowdhury* DATE 6/9/03 DAYTIME PHONE 321-773-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mobasher H. Chowdhury, President

CR2E034B (1/2/02)