04/26/2004 12:59 7278637112 RAO & ASSOCI

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90323 029 ***150.00

DOCUMENT # P01000060063

1. Entity Name

SHITAL ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
464 E LIBERTY ST	464 E LIBERTY ST
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: HERNANDO, FL	City & State: HERNANDO, FL
Zip: 34442 Country:	Zip: 34442 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3724654 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: PATEL, GHANSHYAM R

Street Address (P.O. Box Number is Not Acceptable): 464 E LIBERTY ST

City: HERNANDO, FL Zip Code: 34442

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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: GRPatel 4/28/04
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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	PSD
NAME	PATEL, GHANSHYAM R
STREET ADDRESS	464 E LIBERTY ST
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	VD
NAME	PATEL, INDIRA
STREET ADDRESS	464 E LIBERTY ST
CITY-ST-ZIP	HERNANDO, FL 34442
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 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: GRPatel Ghanshyam Patel 4/28/04 352-748-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034E (12/03)