2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082814

Entity Name: SHRI'S ENTERPRISES, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
22 WINDING RD.				100 OLD PALISADE RD			
BEDFORD,	NH 03110			910 FORT LEE,	NJ 07024		
Current Mailing Address:				New Mailing Address:			
22 WINDING RD.				100 OLD PALISADE RD			
BEDFORD,	NH 03110			910 FORT LEE,	NJ 07024		
FEI Number:	01-0658907	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
266 WILSH	VA, PRANYA IRE BLVD.,. SI :RRY, FL 0603						
The above in the State		ubmits this statement for the purp	ose of	f changing it	s registered of	ffice or registered agent, or both,	
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SRIVASTAVA, PI	EDRIVE, APT - B 202		Title: Name: Address: City-St-Zip:	SRIVASTAVA, P	ADE RD, APT 910	
Title: Name: Address: City-St-Zip:	SRIVASTAVA, SA	EDRIVE, APT - B 202		Title: Name: Address: City-St-Zip:	SRIVASTAVA, S	ADE RD, APT 910	
Title: Name: Address: City-St-Zip:	SRIVASTAVA, PI	DRIVE, APT - B 202		Title: Name: Address: City-St-Zip:	SRIVASTAVA, P	ADE RD, APT 910	
Title: Name: Address: City-St-Zip:	D () SRIVASTAVA, AS 15 IRON HORSE BEDFORD, NH	SHIMA E DRIVE, APT - B 202		Title: Name: Address: City-St-Zip:	SRIVASTAVA, A	ADE RD, APT 910	
Title: Name: Address: City-St-Zip:	SRIVASTAVA, SI	EDRIVE, APT - B 202		Title: Name: Address: City-St-Zip:	SRIVASTAVA, S	ADE RD, APT 910	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRANYA SRIVASTAVA PD 01/16/2009