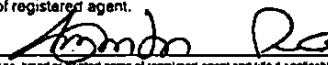
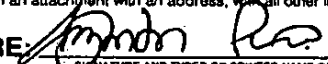


FILED
Mar 07, 2005 8:00 am
Secretary of State

01-26-2005 90009 021 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000009592			
1. Entity Name SHREEJI OF WESLEY CHAPEL, INC.			
Principal Place of Business 27415 STATE ROUTE 54 WESLEY CHAPEL, FL 33543		Mailing Address 27415 STATE ROUTE 54 WESLEY CHAPEL, FL 33543	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 01-0567707	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, RAJENDRA V 27415 STATE ROUTE 54 WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Name PATEL NALINI Street Address (P.O. Box Number is Not Acceptable) 27415 SR 54 Wesley chapel City Wesley chapel : FL Zip Code 33543	
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  RAJENDRA PATEL 1/20/05 President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PATEL, RAJENDRA V 27415 STATE ROUTE 54 WESLEY CHAPEL, FL 33543 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PATEL NALINI ☐ Change ☒ Addition 27415 STATE ROUTE 54 Wesley chapel FL 33543 Nalini Patel 3-1-05 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE  RAJENDRA PATEL 1/20/05 839731385 Signature and typed or printed name of signing officer or director PRESIDENT Date Daytime Phone #			