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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.

66003617

Principal Place of Business	Mailing Address
27415 STATE ROUTE 54 WESLEY CHAPEL, FL 33543	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

01162005 Chg-P CR2E034 (10/03)

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: [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 reinstating) 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 27415 State Route 54 Wesley Chapel FL 33543	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	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
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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: [signature] RAJENDRA PATEL PRESIDENT 1/20/05 813 973 1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #