

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 03, 2006 8:00 am
Secretary of State**

02-27-2006 90093 009 ***150.00

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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**

66000000



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0567707

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATEL, RAJENDRA V
27415 SR 54 WESLEY CHAPEL
WESLEY CHAPEL, FL 33543**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **PATEL, RAJENDRA V**
STREET ADDRESS **27415 SR 54 WESLEY CHAPEL**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543** **PRESIDENT**

TITLE **SECRETARY**
NAME **PATEL, NALINI**
STREET ADDRESS **27415 SR 54**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date Daytime Phone #

Nalini Patel