


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/7

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-26-2007 90041 012 ***150.00

DOCUMENT # P02000015469 1. Entity Name SHIVANI YOGESHWAR INC	
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Principal Place of Business 5701 N NEBRASKA AVE TAMPA, FL 33604	Mailing Address 7007 N NEBRASKA AVE TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0544349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**PATEL, KAUSHIK
7007 NEBRASKA AVE
TAMPA, FL 33604**

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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 reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$580.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, KAUSHIK 7007 NEBRASKA AVE TAMPA, FL 33604
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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: Kaushik Patel **KAUSHIK PATEL (PRESIDENT)** 02/12/07 813 234 4758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #