

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02000015469

1. Entity Name
SHIVANI YOGESHWAR INC



Principal Place of Business
**5701 N NEBRASKA AVE
TAMPA, FL 33604**

Mailing Address
**7007 N NEBRASKA AVE
TAMPA, FL 33604**

DO NOT WRITE IN THIS SPACE



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0544349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, KAUSHIK
7007 NEBRASKA AVE
TAMPA, FL 33604**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PATEL, KAUSHIK**
STREET ADDRESS **7007 NEBRASKA AVE**
CITY-ST-ZIP **TAMPA, FL 33604**

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02/15/08-80027-023 150.00

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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: Kaushik Patel (KAUSHIK PATEL 02/04/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #