

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90012 040 \*\*\*150.00

**DOCUMENT # P02000016163**

1. Entity Name

SHREEJI KRUPA INC.



Principal Place of Business

800 34TH ST. NO.  
SAINT PETERSBURG FL 33714

Mailing Address

2595 54TH AVENUE NORTH  
ST. PETERSBURG FL 33714-1973

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

04-3602266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL SURESH  
2595 54TH AVE. NO.  
SAINT PETERSBURG FL 33714

Name

THAKOR PATEL

Street Address (P.O. Box Number is Not Acceptable)

2595 54TH AVE. NO.

City

St. Petersburg

FL

Zip Code

33714

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

THAKOR PATEL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, SURESH	
STREET ADDRESS	2595 54TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714-1973	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, THAKOR	
STREET ADDRESS	2595 54TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714-1973	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPADIA, SANGITA -	
STREET ADDRESS	2595 54TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714-1973	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATEL, CHITTARANJAN	
STREET ADDRESS	2595 54TH AVE. NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

THAKOR M. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04 225223191