

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

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**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3602266	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, THAKOR
2595 54TH AVE. NO.
SAINT PETERSBURG, FL 33714**

**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 _____

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, 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	D
NAME	PATEL, SURESH
STREET ADDRESS	2595 54TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 337141973

TITLE	D
NAME	PATEL, THAKOR
STREET ADDRESS	2595 54TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 337141973

TITLE	D
NAME	KAPADIA, SANGITA
STREET ADDRESS	2595 54TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 337141973

TITLE	ST
NAME	PATEL, CHITTARANJAN
STREET ADDRESS	2595 54TH AVE. NO.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80021-021 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

THAKOR PATEL 1/25/06 522-3191