

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 014 ***150.00

DOCUMENT # P02000033411



1. Entity Name

SHREE HARI INVESTMENT, INC.

Principal Place of Business
1549 DUNDEE ROAD
WINTER HAVEN FL 33884

Mailing Address
1549 DUNDEE ROAD
WINTER HAVEN FL 33884

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
30-0059317

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

NANDI FINANCIAL SERVICES INC
8910 N DALE MABRY #37
TAMPA FL 33614

Name **RELiance CONSULTING, LLC**
Street Address (P.O. Box Number is Not Acceptable)
3105 W. WATERS AVE.
SUITE 105
City **TAMPA** FL Zip Code **33614**

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 **R.G. RAJU, CPA, MANAGING PARTNER**

DATE **01/21/04**

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, 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 **P** ☐ Delete
NAME **JASHBHAI PATEL, JATINKUMAR**
STREET ADDRESS **3309 OAK HILL PLACE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **ST** ☐ Delete
NAME **PATEL, JA MINIBEN J**
STREET ADDRESS **3309 OAK HILL PLACE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Jatinkumar J. Patel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01/21/04** DAYTIME PHONE # **(863)294-7680**

DATE

DAYTIME PHONE #

44004588



MOORE CR2E034 (11/03)