

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000033451

1. Entity Name
TAMPA BAY REAL ESTATE SERVICES INC.



Principal Place of Business

**5420 BAY CENTER DR.
116
TAMPA, FL 33609**

Mailing Address

**5420 BAY CENTER DR.
116
TAMPA, FL 33609**



DO NOT WRITE IN THIS SPACE

05052005 No Chg-P CR2E034 (10/03)

4. FEI Number **03-0406212** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADVANI, DEEPAK
3516 OSPREY COVE DRIVE
RIVERVIEW, FL 33569**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADVANI, DEEPAK
STREET ADDRESS	3516 OSPREY COVE DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VD
NAME	CHHABRIA, SHAM K
STREET ADDRESS	830 W KENNEDY BLVD, STE 101
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	NARSI, VADILAL
STREET ADDRESS	830 W KENNEDY BLVD, STE 101
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/05-80002-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #