

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000034182	
1. Entity Name SHIVA SHAKTI, INC.	

Principal Place of Business 20450 SW 292 ST HOMESTEAD, FL 33030	Mailing Address 20450 SW 292 ST HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3638367 Applied For
Not Applicable

6. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**PORCH, C. EDWARD
1273 NW SPRUCE RIDGE DR
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

9. 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 re-registering) 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	U000000429290 02/21/06-80074-019 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATODARIA, BALIBHDRA P 20450 SW 292 ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATODARIA, GITABEN 20450 SW 292 ST HOMESTEAD, FL 33030
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**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: Atodaria - B.P. **2/08/06 786-226-5905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #