

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000045953

1. Entity Name
 OHM SHIV SHANKAR CORPORATION



Principal Place of Business
 1950 DRANE FIELD ROAD
 LAKELAND, FL 33813

Mailing Address
 1950 DRANE FIELD ROAD
 LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number
 75-3055262 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, DAKSHESH M
 1950 DRANE FIELD ROAD
 LAKELAND, FL 33813

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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, DAKSHESH M
STREET ADDRESS	4360 S KIRKMAN RD #401
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	PATEL, KIRTI D
STREET ADDRESS	4360 S KIRKMAN RD #401
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: DAKSHESH M PATEL KIRTI D PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: May 11/05 Daytime Phone #: 863-644-3570