2004 FOR PROFIT CORPORATION ANNUAL REPORT

		ANNUAL	KEFOKI	_			£.				
DOCUMENT # P02000073480 1. Entity Name SHAIVAL REALTY, INC.						74	OL F.	LED	;		
Principal Plac	e of Business	<u></u>			-	1458.00	્ '' ડઃ	^			
1		c	Mailing Address C/O CREATIVE CHOICE HOMES				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ST	১৪		
C/O CREATIVE CHOICE HOMES 4243-d Northlake Blvd.			4243-D NORTHLAKE BLVD.				. ~	10575	-		
	I GARDENS, FL. 3	3410	PALM BEACH GARDENS,					TOA			
2. Principal Place of Business .			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State	YIV	·	4. FEI Numb / 06-164				plied For t Applicable	
Zip	C	ountry	Zip	Country		5. Certificate	of Status Desired	X	\$8.75 Add Fee Required		
6. Name and Address of Current Reg			Registered Agent			7. Name and	Address of New R	egistered /	Agent		
Name											
KAKKAR, YASH P 4243-D NORTHLAKE BLVD PALM BCH GARDENS, FL 33410					Street Address (P.O. Box Number is Not Acceptable)						
FALIVI BON GARDENS, FL 33410						,					
				City				FL	Zip Code	e	
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 prin	teri name of renistered aneni :	ature required	d when reinstation)		DATE					
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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	<u> </u> /CHANGES TO OFF	ICERS AND	DIRECTORS	11.141.5	
TITLE	s	C/ TOLINO / WILD	☐ Delete	TITLE	5	ADDITIONE	7017/11GE0 10 G11	100107110	Change	Addition	
NAME	KAKKAR, YASH P				KA	KKAr. \	Yash Pal		~[Onlingo	☐ Addition	
STREET ADDRESS	4243-D NORT	STREET ADDRESS	1 400	121 00. 1	1						
CITY-ST-ZIP	1	ARDENS, FL 3341	0	CITY-ST-ZIP							
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NAME	PATEL, PARV	NAME					onlingo	L			
STREET ADDRESS		HLAKE BLVD.		STREET ADDRESS	:						
CITY-ST-ZIP	PALM BEACH	GARDENS, FL 33	3410	CITY-ST-ZIP			ogoza:				
TITLE			TITLE		U3/U	5/040106 1	(Change	Addition		
NAME			Delete	NAME					_ ,		
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TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS											
CITY-ST-ZIP	E .			STREET ADDRESS CITY-ST-ZIP							
	nortify that the infe	ormation assessment of the	this filing does not availe for		otod := C	nation 140 07/0	(i) Florida Contra	1 from	aifu ab A	farm - 12 -	
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 so cature 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 reducing 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: Yash Pal Kakkar, Secretary WWW (26/04 (561) 627-7988											
JIGINAI	OIIL		RINTED NAME OF SIGNING DEFICER (OR DIRECTOR	~ ~ ~		Date		Paytime Phone #	l	