2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073480

1. Entity Name SHAIVAL REALTY, INC.



Principal Place of Business

C/OCREATIVECHOICEHOMES 4243-DNORTHLAKEBLVD. PALMBEACHGARDENS,FL33410 Mailing Address

C/OCREATIVECHOICEHOMES 4243-DNORTHLAKEBLVD. PALMBEACHGARDENS,FL33410



FILED

2006 MAR 30 AM 10: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1643902

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE: Yash Pal Kakkar, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

KAKKAR, YASH PAL 4243-D NORTHLAKE BLVD PALM BCH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

3/28/06

(561) 627-7988

Daytime Phone #

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Trust Fund Contribu	~	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	T***		
TITLE NAME STREET ADORESS CITY+ST-ZIP	S KAKKAR, YASH PAL 4243-D NORTHLAKE BLVD PALM BCH GARDENS, FL 33410			700069959587 04/10/0601061017 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, PARVIN 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the examptions 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.					