## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 24, 2005 08:00 AM DOCUMENT # P02000116087 **Secretary of State** 1. Eqtity Name POOJA INVESTMENT, INC. Principal Place of Business \_\_\_\_\_ Mailing Address 6823 HWY 77 8015 FRONT BEACH ROAD SOUTHPORT, FL 32409 PANAMA CITY BEACH, FL 32407 02162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0569217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required S. Name and Address of Current Registered Agent SHAH, PRASHANT R DO NOT WRITE 8015 FRONT BEACH ROAD PANAMA CITY, FL 32407 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 (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS to. TITLE NAME SHAH, ARUN&KALA STREET ADDRESS 8015 FRONT BEACH ROAD CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 U000000241826 TITLE 02/24/05-80059-012 150.00 SHAH, PRASHANT&RINKU NAME STREET ADDRESS 8015 FRONT BEACH ROAD CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 TITLE CONTRACTOR, NITAL&RESHMA NAME STREET ADDRESS 1424 MARK TWIN COURT DO NOT WRITE City-St-ZIP NICEVILLE, FL 32578 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED