## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000014801

Entity Name: SHASTRIJI, INC.

City-St-Zip:

GAINESVILLE, FL 32608

FILED Aug 22, 2005 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place of Business:		
	WILLISTON R LLE, FL 3260				
Current Mailing Address:			New Mailing Address:		
	WILLISTON R LLE, FL 3260				
FEI Number	: 27-0046242	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	OTSNABEN WILLISTON R				
	LLE, FL 3260	8 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
	S AND DIREC	` '	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VPO ( PATEL, BHAS 4401 SW 13TI GAINESVILLE	H STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SO ( PATEL, JAYUI 4401 SW 13TI GAINESVILLE	H STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	PATEL, JYOT	) Delete SNABEN C.	Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PATEL JAYUR SO 08/22/2005