

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90015 041 ***158.75

DOCUMENT # P03000027533

1. Entity Name

SHAYONA INC.



Principal Place of Business

16520 S.TAMiami TRAIL
4B
FORT MYERS FL 33908
US

Mailing Address

5712 FOXLAKE DRIVE
08
NORTH FORT MYERS FL 33917
US

2. Principal Place of Business

3. Mailing Address

16520 S.Tamiami Trl #4B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Myers, FL

City & State

Fort Myers, Florida

Zip

Country

33908

Country

LEE



MOORE

CR2E034 (11/03)

4. FEI Number

56-2325112

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAIK, CHANDRAJEET R
5712 FOXLAKE DRIVE
08
NORTH FORT MYERS FL 33917

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

CHANDRAJEET NAIK

02/02/2004

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PATEL, ARVIND P
STREET ADDRESS 3804 CENTRAL AVE # 201
CITY-ST-ZIP FORT MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME NAIK, CHANDRAJEET R
STREET ADDRESS 5712 FOXLAKE DRIVE # 98
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC
NAME PATEL, KAUSHIK M
STREET ADDRESS 754 PONDELLA RD # 131
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

[Signature] CHANDRAJEET NAIK

02/02/04 (239) 4545448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #