



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000045147</b> 1. Entity Name YASHASVI, INC.					
Principal Place of Business 958 ST JOHNS BLUFF JACKSONVILLE, FL 32225 US		Mailing Address 958 ST JOHNS BLUFF JACKSONVILLE, FL 32225 US			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 04252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 75-3112329		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHAH, DARSHANA 10033 ECTON LANE JACKSONVILLE, FL 32246				<b>DO NOT WRITE IN THIS SPACE</b>	
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 <u><i>Darshana Shah</i></u> DATE <u>04/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U000000562000 05/19/06-80037-025 150.00	
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PST SHAH, DARSHANA 10033 ECTON LANE JACKSONVILLE, FL 32246			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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.  <b>SIGNATURE:</b> <u><i>Darshana Shah</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					