

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90686 012 ***150.00

DOCUMENT # P03000059470					
1. Entity Name MEGHA CONTRACTING, INC.					
Principal Place of Business P.O. BOX 152779 TAMPA, FL 33684-2779			Mailing Address P.O. BOX 152779 TAMPA, FL 33684-2779		
2. Principal Place of Business 12910 GREENVILLE CT.		3. Mailing Address P.O. BOX 260502			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004 Chg-P CR2E034 (10/03)	
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 56-2364874	
Zip 33625		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33685		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAW, BILL M 550 N. RED STREET, SUITE 300 TAMPA, FL 33609-1013			Name JOHN V. TORTORELLO		
			Street Address (P.O. Box Number is Not Acceptable) 4822 BONITA VISTA DR		
			City TAMPA		
			FL Zip Code 33634		
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 <i>JV Tortorello, RA</i> DATE 4/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME PATEL, DARSHAK J	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12910 GREENVILLE COURT	TAMPA, FL 33625		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	NAME FREYRE, PEARLEY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5109 CRESTHILL DR	TAMPA, FL 33615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS TORTORELLO JOHN V. 4822 BONITA VISTA DR.	TAMPA, FL 33634	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>JV Tortorello, VP</i>			DATE 4/24/04 Daytime Phone # 813-886-6992		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					