

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90019 043 \*\*\*150.00

<b>DOCUMENT # P03000076043</b>					
<b>1. Entity Name</b> SHREE UMIYA CORPORATION					
<b>Principal Place of Business</b> 2005 E MAIN ST LAKELAND, FL 33801 US			<b>Mailing Address</b> 539 N MILLS AVE ORLANDO, FL 32803 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 281 Ruby Lake Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		City & State Winter Haven, Florida		<b>4. FEI Number</b> 91-2195008	
Zip		Country		Zip 33884	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PATEL, KAMLESH 3520 CLEVELAND HGTS BLVD APT 217 LAKELAND, FL 33803			<b>7. Name and Address of New Registered Agent</b> Name <b>AKSHAY DAVE</b> Street Address (P.O. Box Number is Not Acceptable) 281 Ruby Lake Lane City <b>Winter Haven</b> <b>FL</b> Zip Code <b>33884</b>		
<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.</b>					
SIGNATURE		<b>AKSHAY DAVE</b>		<b>1/31/2004</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when re-registering)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PATEL, KAMLESH</b> <b>3520 CLEVELAND HGTS BLVD APT 217</b> <b>LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PATEL, KIRIT KUMAR</b> <b>3520 CLEVELAND HGTS BLVD APT 217</b> <b>LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Kp Patel Kamlesh Patel</u> <b>1/31/2004</b> <b>863-566-5484</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					