


FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90354 037 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000082809			
1. Entity Name SHREE J INTERNATIONAL DEVELOPMENT, INC			
Principal Place of Business P.O. BOX 576 DESTIN, FL 32540		Mailing Address P.O. BOX 576 DESTIN, FL 32540	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0212848		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 TAYLOR, EIRA 1802 N UNIVERSITY DR STE 100A PLNATATION, FL 33322		7. Name and Address of New Registered Agent Name Lori Ellen Ward Street Address (P.O. Box Number is Not Acceptable) Matthews & Howbers, P.A. 4475 Legendary Drive City Destin FL Zip Code 32511	
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 Lori Ellen Ward		DATE 2/2/2004	
FILE NOW!!! FEE IS \$160.00 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PATEL, JAY K P.O. BOX 576 DESTIN, FL 32540	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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 prepare 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 or without, as empowered.			
SIGNATURE: Jay Patel		DATE	

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01282004 Chg-P: CR2E034 (10/03)