



FILED
Jun 14, 2007 8:00 am
Secretary of State

06-01-2007 90001 026 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000083499		
1. Entity Name SHREE JAI AMBE INC		
Principal Place of Business 6849 GARLAND STREET 33966 FT. MYERS, FL 33912 US		Mailing Address 6849 GARLAND STREET 33966 FT. MYERS, FL 33912 US
DID NOT RECEIVE FORM UNTIL 4/25		
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent MCLEOD, RODERICK D 2440 EAST MALL DRIVE 3345 FOWLER ST FT. MYERS, FL 33901		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
* FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	PATEL, MITESH C	
STREET ADDRESS	6849 GARLAND STREET	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
SIGNATURE: 		6-12-07/239768324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #