


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000089582**

1. Entity Name  
**RUSHABH CORPORATION**



FILED  
05 JAN 18 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2700 CENTERVILLE ROAD TALLAHASSEE, FL 32308	Mailing Address 2700 CENTERVILLE ROAD TALLAHASSEE, FL 32308
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142005    Chg-P    CR2E034 (10/03)

4. FEI Number  
**56-2388058**    Applied For  
Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAIN, SAROJKUMARI**  
2700 CENTERVILLE ROAD  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: **Sushma R Shah**  
Street Address (P.O. Box Number is Not Acceptable): **65 Hummingbird Lane**  
**Crawfordville**  
City: **FL**    Zip Code: **32327**

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: *Sushma Shah*    DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JAIN, SAROJKUMARI	
STREET ADDRESS	236 MERIDIANNA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 323122718	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JAIN, SUBHASHCHAND	
STREET ADDRESS	236 MERIDIANNA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shah Rajubhai	
STREET ADDRESS	65 Hummingbird Ln	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shah Sushma	
STREET ADDRESS	65 Hummingbird Ln	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Sushma Shah*    Date: \_\_\_\_\_    Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR