


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
---	---



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**

City: **Crawfordville**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VO	Shah Rajubhai	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		65 Hummingbird Ln	
STREET ADDRESS		Crawfordville FL 32327	
CITY-ST-ZIP			
TITLE	PO	Shah Sushma	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		65 Hummingbird Ln	
STREET ADDRESS		Crawfordville FL 32327	
CITY-ST-ZIP			
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