

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151571

Entity Name: SHIV-BADAL, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3067 MAIN STREET
COTTONDALE, FL 32431

New Principal Place of Business:

Current Mailing Address:

PO BOX 522
COTTONDALE, FL 32431

New Mailing Address:

FEI Number: 20-0474417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, JATIN
3245 MAGNOLIA ST
COTTONDALE, FL 32431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, JATIN
Address: 3245 MAGNOLIA ST
City-St-Zip: COTTONDALE, FL 32431

Title: V () Delete
Name: PATEL, CHETNA
Address: 3400 WEST HWY 98
City-St-Zip: PANAMA CITY, FL 32410

Title: S () Delete
Name: PATEL, MINAXI
Address: 3245 MAGNOLIA ST
City-St-Zip: COTTONDALE, FL 32431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JATIN PATEL

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date