

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90273 010 ***158.75

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1. Entity Name

HAVOC & OREO CORPORATION



Principal Place of Business

10408 HERON LAKE DRIVE
RIVERVIEW FL 33569

Mailing Address

10408 HERON LAKE DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

2205 Collier Parkway
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Land 'O' Lakes, FL

City & State

Zip

34639

Country
USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAH, SOHAL H
10408 HERON LAKE DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

Sohal Shah

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SHAH, SOHAL H
STREET ADDRESS 10408 HERON LAKE DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE V ☐ Delete
NAME PATEL, MAHENDRA
STREET ADDRESS 10408 HERON LAKE DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE S ☐ Delete
NAME SHAH, SUJATA S
STREET ADDRESS 10408 HERON LAKE DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE T ☐ Delete
NAME PATEL, PRADNYA
STREET ADDRESS 10408 HERON LAKE DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sohal Shah

Date

4/20/04

Daytime Phone #

813-661-2663