2005 FOR PROFIT CORPORATION

ANNUAL NEPUNI (AN)					Ma	ır 23, 20	005 8:00) am
DOCUMENT # P03000157031 1. Entity Name					Secretary of State			
SHANI 11 INVESTMENTS INC							, 29 049 ***150.0	
Principal Plac	e of Business	Mailing Address	 					
34301 BLAN DADE CITY	NTON ROAD FL 33523	34301 BLANTON ROAD DADE CITY FL 33523						
					1 (21)	III II	JOTO: HIDOL BIIN HOOM BOIDD HIN	N 110101 11 1081
l'	Place of Business	3. Mailing Address						
352 <u>5</u> Suite, Apt.		3525, Hw Suite, Apt. #, etc.) del M	۷.	1st	MOORE (CR2E034 (10/04)	
City & Stat		City & State PERY	PLORI	AC	4. FEI Numbe	0-052	2454	Applied For Not Applicable
323U		32848	Country 7A410	۷		of Status Desired	Fee Requ	Additional rired
	6. Name and Address of Current R	egistered Agent	Name	D.		Address of New Ro	agistered Agent	
PAT 343 DAI	Street Address (P.O. Box Number is Not Acceptable)							
			City	DE-R	<u>r</u> g		FL Zip C	ode 22의US
	e named entity submits this statement for tions of registered agent	the purpose of changing its re	gistered office or	register	ed agent, or bot	h, in the State of Flo	rida. I am familiar wi	ith, and accept
SIGNATURE	(2a)					C	2/23/0	<u>)S.</u>
	Signature, typed or printed name of egistered agent an	d title if applicable (NOTE: R	egislered Agent signati	nte redinied	when reinstating)		B ATE '	
After	ILE NOW!!! FEE IS \$150.00 May 1; 2005 Fee Will Be \$550.00 k Payable to Florida Department of !	State				9. Election Campa Trust Fund Conf		5.00 May Be dded to Fees
10.	OFFICERS AND D		11.	PS	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	
NAME.	PATEL, PRATIK J	Detete	TITLE NAME		TEL PO	ATIK J	- John Hall	ge
STREET ADDRESS CITY-ST-ZIP	DADE CITY FL 33523	-4 18 35 31 47-	STREET ADDRESS CITY-ST-ZiP	352		1221 21.	PERPS,	PL, 3234
TITLE		☐ Delete	TITLE			•	Chang	ge 🔲 Addition
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TITLE		☐ Delete	TITLE				Chang	ge 🔲 Addition
NAME	***************************************		NAME	-			- ·	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				<u> </u>	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Chanç	ge 🔲 Addition
STREET ADDRESS	•		STREET ADDRESS					
CITY-ST-ZIP		his file days A . W. f. w	CITY-ST-ZIP	 		D. Flavida Occurs	1 from the second second	
indicated	certify that the information supplied with to don this report or supplemental report is reporation or the receiver or trustee empore	true and accurate and that my	signature shall h	ave the :	same legal effec	t as if made under o	oath; that I am an offi	icer or director
changed	, or on an attachment with an address, w	ith all other like empowered.				•		
SIGNAT		INTED NAME OF SIGNING OFFICER OF	TII - T	YAT	رور ع	18 2005.	850 · 58	4.4221

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