## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000077956

Entity Name: SHIW ENTERPRISES INC

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3678 BLUE BAYOU INC 367 BLUE BAYOU INC

KISSIMMEE, FL 34743 US KISSIMMEE, FL 34743 US

Current Mailing Address: New Mailing Address:

3678 BLUE BAYOU INC 367 BLUE BAYOU INC

KISSIMMEE, FL 34743 US KISSIMMEE, FL 34743 US

FEI Number: 20-1122665 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIWMANGAL, RAMNAUTH
3678 BLUE BAYOU DR
KISSIMMEE, FL 34743 US
SHIWMANGAL, RAMNAUTH
367 BLUE BAYOU DR
KISSIMMEE, FL 34743 US
KISSIMMEE, FL 34743 US

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: RAMNAUTH SHIWMANGAL 04/08/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 SHIWMANGAL, MOHANI
 Name:
 SHIWMANGAL, MOHANI

 Address:
 3678 BLUE BAYOU DR
 Address:
 367 BLUE BAYOU DR

 City-St-Zip:
 KISSIMMEE, FL 34743 US
 City-St-Zip:
 KISSIMMEE, FL 34743 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: SHIWMANGAL, RAMNAUTH Name: SHIWMANGAL, RAMNAUTH

Address: 3678 BLUE BAYOU DR Address: 367 BLUE BAYOU DR
City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: KISSIMMEE, FL 34743 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SHIWMANGAL, MOHANI
 Name:
 SHIWMANGAL, MOHANI

 Address:
 3678 BLUE BAYOU DR
 Address:
 367 BLUE BAYOU DR

 City-St-Zip:
 KISSIMMEE, FL 34743 US
 City-St-Zip:
 KISSIMMEE, FL 34743 US

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: MOHANI SHIWMANGAL P 04/08/2008