

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000079679

Entity Name: SHIVPARSHVA CORP.

FILED  
Oct 17, 2005  
Secretary of State

## Current Principal Place of Business:

225 NORTH BLVD EAST  
LEESBURG, FL 34748

## New Principal Place of Business:

## Current Mailing Address:

225 NORTH BLVD EAST  
LEESBURG, FL 34748

## New Mailing Address:

FEI Number: 02-0724518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UPADHYAY, MUKESH  
5582 NW 61ST AVE  
OCALA, FL 34482 US

## Name and Address of New Registered Agent:

SHAH, MITAL K  
707 LEE STREET  
LEESBURG, FL 34748 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: M H SHAH

10/17/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: UPADHYAY, MUKESH  
Address: 5582 NW 61ST AVE  
City-St-Zip: OCALA, FL 34482

Title: NA ( ) Delete  
Name: NA, NA N NA  
Address: NA  
City-St-Zip: NA, NA NA NA

Title: NA ( ) Delete  
Name: NA, NA N NA  
Address: NA  
City-St-Zip: NA, NA NA NA

Title: NA ( ) Delete  
Name: NA, NA N NA  
Address: NA  
City-St-Zip: NA, NA NA NA

Title: NA ( ) Delete  
Name: NA, NA N NA  
Address: NA  
City-St-Zip: NA, NA NA NA

Title: NA ( ) Delete  
Name: NA, NA N NA  
Address: NA  
City-St-Zip: NA, NA NA NA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHAH, MITAL K  
Address: 707 LEE STREET  
City-St-Zip: LEESBURG, FL 34748

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

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

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 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 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: M H SHAH

D

10/17/2005

Electronic Signature of Signing Officer or Director

Date