


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000103588**

1. Entity Name  
**SHIVA OF MIAMI, INC.**



Principal Place of Business  
**27455 SOUTH DIXIE HWY**  
**213**  
**MIAMI, FL 33032**

Mailing Address  
**22487 SW 102 PATH**  
**MIAMI, FL 33190**



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1370964** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMAR, GOPI**  
**22487 SW 102 PATH**  
**MIAMI, FL 33190**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS AMAR, GOPI 22487 SW 102 PATH MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD AMAR, SHANKAR 22487 SW 102 PATH MIAMI, FL 33190
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100000442502  
 03-06-06 30013-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gopi Amar GOPI AMAR 2/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #