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Apr 07, 2005 8:00 am
Secretary of State
01-31-2005 90073 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66008912

01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000129118

1. Entity Name
SHIV OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
24 WEST FLAGLER STREET MIAMI, FL 33130	24 WEST FLAGLER STREET MIAMI, FL 33130

2. Principal Place of Business	3. Mailing Address
Quick Mart.	9850 S.W 66 Street.
Suite, Apt. #, etc. 4123 N. Tennessee Street	Suite, Apt. #, etc.
City & State Cartersville, Georgia.	City & State Miami Florida.
Zip 30120 Country U.S.A.	Zip 33173 Country U.S.A.

4. FEI Number 20-1762257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSH, BRIAN R
19 WEST FLAGLER STREET STE 602
MIAMI, FL 33130-4477

7. Name and Address of New Registered Agent

Name: Patel Dayarambhai Vanmali
Street Address (P.O. Box Number is Not Acceptable)
9850 S.W. 66 Street
City Miami FL Zip Code 33173.

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: (President) 4-4-05
Signature, name of person signing, capacity of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, DAYARAMBHAI 24 WEST FLAGLER STREET MIAMI, FL 33130	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Dayaram V. Patel 1-28-05 305-596-2144
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #