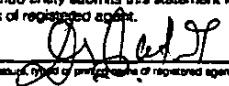
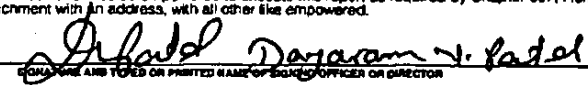


FILED
Apr 07, 2005 8:00 am
Secretary of State

01-31-2005 90073 039 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000129118		
1. Entity Name SHIV OF SOUTH FLORIDA, INC.		
Principal Place of Business 24 WEST FLAGLER STREET MIAMI, FL 33130		Mailing Address 24 WEST FLAGLER STREET MIAMI, FL 33130
2. Principal Place of Business Quick Mart Suite, Apt. #, etc. 1123 N. Tennessee Street Crestview, Georgia		3. Mailing Address 9850 S.W. 66 Street Suite, Apt. #, etc. Miami Florida City & State 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 Varnmali 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) DATE: 4-4-05 Signature, title of principal officer or registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
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: D NAME: PATEL, DAYARAMBHA STREET ADDRESS: 24 WEST FLAGLER STREET CITY-ST-ZIP: MIAMI, FL 33130 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
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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:  SIGNATURE AND TITLES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-28-05 305-596-2144 Date Daytime Phone