

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90070 050 ***158.75

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1. Entity Name
SHIV OF SOUTH FLORIDA, INC.



Principal Place of Business
**QUICK MGMT
422 N TENNESSEE STREET
CARTERSVILLE, GA 30120**

Mailing Address
**9850 SW 66 STREET
12
MIAMI, FL 33173**

40007651



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State
Zip Country

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

**PATEL DAGCOCOMBLAR VONMATI
9850 SW 66 STREET
MIAMI, FL 33173**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **D** ☐ Delete
NAME **PATEL, DAYARAMBHA**
STREET ADDRESS **9850 SW 66TH ST**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08 305-596-2144
Date Daytime Phone #