

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2007 08:00 A  
Secretary of State

DOCUMENT # P05000028205

1. Entity Name  
SHRIJI BAVA TAMPA INC.



Principal Place of Business

7339 GALL BLVD  
ZEPHYRHILLS, FL 33541

Mailing Address

7339 GALL BLVD  
ZEPHYRHILLS, FL 33541



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1111617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

POSTAL ZONE  
7339 GALL BLVD  
ZEPHYRHILLS, FL 33541

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000656715  
03/14/07-80037-015 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
THAKRAR, JOSH J  
18150 SANDY POINTEDR  
TAMPA, FL 33647

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
THAKRAR, BINA H  
18150 SANDY POINTE DR  
TAMPA, FL 33647

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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: Josh Thakrar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-07

Date

813-782-7300

Daytime Phone #