

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90012 031 \*\*\*150.00

DOCUMENT # P05000062385

1. Entity Name

SHIVAM ASSOCIATES, INC.



Principal Place of Business

6094 JASMINE VINE DRIVE  
PORT ORANGE FL 32128  
US

Mailing Address

6094 JASMINE VINE DRIVE  
PORT ORANGE FL 32128  
US



2. Principal Place of Business

7101 S. ORANGE BLOSSOM  
Suite, Apt. #, etc. TRL  
SAFAR INN

3. Mailing Address

6094 JASMINE VN. DR.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ORLANDO, FL 32809

City & State

PORT ORANGE FL

4. FEI Number

20-2768643

Applied For

Not Applicable

Zip

32809

Country

ORANGE

Zip

32128

Country

VOLUSIA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, ASHOK  
6094 JASMINE VINE DRIVE  
PORT ORANGE FL 32128

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

*Ashok M. Patel*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PATEL, ASHOK  
STREET ADDRESS 6094 JASMINE VINE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE VP ☐ Delete  
NAME PATEL, HITESH J  
STREET ADDRESS 4800 S. WESTSHORE BLVD. APT# 408  
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

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

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

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

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 Section 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:

*Ashok M. Patel*

PRESIDENT

2-1-2006

386-235  
6199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #