2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134527

Entity Name: SHRI JALA BAPA, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ERDON BLVD. EW, FL 32536				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	RDON BLVD. EW, FL 32536				
FEI Number:	57-1224921	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1020 S. FE	& WILLIAMSO ERDON BLVD. EW, FL 32536				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () PATEL, HARSH 4050 S. FERDO CRESTVIEW, F	ON BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () PATEL, DHAMI 4050 S. FERDO CRESTVIEW, F	ON BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () PATEL, KETAN 4050 S. FERDO CRESTVIEW, F	ON BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () PATEL, PRASH 4050 S. FERDO CRESTVIEW, F	ON BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WELTON CC 03/31/2009