## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000162555

**Entity Name: SHIVMARUTI INCORPORATED** 

FILED Mar 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2155 WEST COLONIAL DR. LEESBURG, FL 34748 ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 2155 WEST COLONIAL DR. 707 LEE ST LEESBURG, FL 34748 ORLANDO, FL 32804 FEI Number: 22-3918933 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

City-St-Zip:

LEESBURG, FL 34748 US

Title: PSTD () Delete Title: **PSTD** (X) Change ( ) Addition Name: OZA, KIRAN Name: SHAH, MITAL 707 LEE ST 4828 CASON COVE DR. APT#204 Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: ORLANDO, FL 32811 US Title: Title: VST () Delete ( ) Change (X) Addition Name: Name: OZA, KIRAN Address: Address: 707 LEE STREET

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: M H SHAH **PSTD** 03/01/2006