

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**


**07 MAR -5 PM 1:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**700092345467  
03/13/07--01007--016 \*\*150.00**

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07

DOCUMENT # P06000128851	
1. Entity Name <b>SHANT CORP.</b>	

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2. Principal Place of Business <b>7662 Sugar Bend Drive</b>	3. Mailing Address <b>The same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando, Florida</b>	City & State
Zip <b>32819</b>	Country

4. FEI Number <b>22-3944145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name <b>SPIEGEL &amp; UTRERA, P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1840 Southwest 22 Street, 4th Floor</b>	
City <b>Miami</b>	FL Zip Code <b>33145</b>

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 resigning)	DATE _____
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<b>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<b>PSTD Rajkumar Nazare 7662 Sugar Bend Drive Orlando, Florida 32819</b>			

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with power like empowered.

SIGNATURE: 	<b>Rajkumar Nazare</b>	<b>02/28/2007</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

CR2E034B (12/02)