

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000004596

FILED
Dec 21, 2009
Secretary of State**Entity Name:** SHIVAM MOTEL, INC.**Current Principal Place of Business:**18736 US HIGHWAY 19
CLEARWATER, FL 33764**New Principal Place of Business:****Current Mailing Address:**18736 US HIGHWAY 19
CLEARWATER, FL 33764**New Mailing Address:****FEI Number:** 20-8208720**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PATEL, ASHOKBHAI M
18736 US HIGHWAY 19
CLEARWATER, FL 33764 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: PATEL, ARUNABEN A
Address: 18736 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 32764

Title: V () Delete
Name: PATEL, YOGESH A
Address: 18736 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 32764

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PATEL, ARUNABEN A
Address: 18736 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 32764

Title: VP (X) Change () Addition
Name: PATEL, ASHOKBHAI M
Address: 18736 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 32764

Title: SEC () Change (X) Addition
Name: PATEL, ASHOKBHAI M
Address: 18736 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 32764

Title: TREA () Change (X) Addition
Name: PATEL, ASHOKBHAI M
Address: 18736 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 32764

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: AAP_____
Electronic Signature of Signing Officer or Director

PRES

12/21/2009

Date