

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90012 001 \*\*\*150.00

<b>DOCUMENT # P07000049472</b> 1. Entity Name <b>SHRI AKSHAR, INC.</b>					
Principal Place of Business <b>14920 US HWY 19 NORTH HUDSON, FL 34667 US</b>				Mailing Address <b>14920 US HWY 19 NORTH HUDSON, FL 34667</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>9119 RIDGE RD.</b>		Suite, Apt. #, etc. <b>9119 RIDGE RD.</b>		03112008    Chg-P    CR2E034 (12/06)	
City & State <b>NEWPORT RICHEY, FL.</b>		City & State <b>NEWPORT RICHEY, FL.</b>		4. FEI Number <b>20-8892460</b>	
Zip <b>34654.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATEL, DILIPKUMAR R 14920 HWY 19 NORTH HUDSON, FL 34667</b>				7. Name and Address of New Registered Agent Name <b>PATEL DILIPKUMAR R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9119 RIDGE RD.</b> City <b>NEWPORT RICHEY FL</b> Zip Code <b>34654.</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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PATEL, DILIPKUMAR R 14920 US HWY 19 NORTH HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PATEL DILIPKUMAR R. 9119 RIDGE RD. NEWPORT RICHEY, FL-34654.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PATEL, HEMALATTABEN D 14920 US HWY 19 NORTH HUDSON, F3 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS. PATEL HEMALATTABEN D. 9119 RIDGE RD. NEWPORT RICHEY, FL-34654.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Dilip Patel</u>    PATEL DILIPKUMAR R.    3/12/08    727-847-0923</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		