

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90174 022 \*\*\*150.00

<b>DOCUMENT # P07000116058</b> 1. Entity Name SHIV MEGHA, INC.				 <b>4</b>	
Principal Place of Business BJ. LIQUOR I 3400 S. FEDERAL HWY STUART, FL 34997			Mailing Address BJ. LIQUOR I 3400 S. FEDERAL HWY STUART, FL 34997		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292008    Chg-P    CR2E034 (12/06)	
4. FEI Number 26-1296641				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Barcode	
6. Name and Address of Current Registered Agent  PATEL, NISHIT A 1768 SW CRANE CREEK CIRCLE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5573 SW LONGSPUR LANE City PALM CITY    FL    Zip Code 34990		
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</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PATEL, NISHIT A 1768 SW CRANE CREEK CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	5573 SW LONGSPUR LANE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PATEL, MEGHA N 1768 SW CRANE CREEK CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	5911 SW BALD EAGLE DRIVE PALM CITY, FL 34990	<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
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
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
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:</b>			MEGHA N. PATEL    772-463-5077		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		