

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029004

FILED
Mar 25, 2009
Secretary of State

Entity Name: PATEL & SHIANI ENTERPRISES INC

Current Principal Place of Business:

7058 NW 68 DRIVE
PARKLAND, FL 33067

New Principal Place of Business:

192 S. STATE ROAD 7
WELLINGTON, FL 33414

Current Mailing Address:

7058 NW 68 DRIVE
PARKLAND, FL 33067

New Mailing Address:

192 S. STATE ROAD 7
WELLINGTON, FL 33414

FEI Number: 26-2213392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIAR, RAJU
2855 N. UNIVERSITY DRIVE
SUITE 600
CORAL SPRINGS, FL 33065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATEL, KALPESH
Address: 7058 NW 68 DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: VD () Delete
Name: SHIANI, VALJI
Address: 6005 NW 72 CT.
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KALPESH M PATEL

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date