## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # P93000034556** 1. Entity Name MAHADEV, INC. Principal Place of Business \_ Mailing Address C/O GIRISH PATEL C/O GIRISH PATEL 1839 WAGON WHEEL CIRCLE EAST 1839 WAGON WHEEL CIRCLE EAST TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 No Chg-P CR2E034 (10/03) 01132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3181469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GIRISH, PATEL DO NOT WRITE 1839 WAGON WHEEL CIRCLE EAST TALLAHASSEE, FL 32317 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PATEL, GIRISH NAME 1839 WAGON WHEEL CIR EAST STREET ADDRESS U00000183423 TALLAHASSEE, FL CITY-ST-ZIP N1/19/05-80068-006 150.00 PATEL, SHARMISTHA NAME STREET ADDRESS 1839 WAGON WHEEL CIR EAST TALLAHASSEE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

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