


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000064404 1. Entity Name SIM & SHIV CORPORATION	
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Principal Place of Business 4075 PICCIOLA RD FRUITLAND PARK, FL 34731 US	Mailing Address 4705 PICCIOLA RD FRUITLAND PARK, FL 34731 US
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3199768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JITENKUMAR, AMIN 4075 PICCIOLA RD FRUITLAND PARK, FL 34731
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**DO NOT WRITE
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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEENA, AMIN J. 4075 PICCIOLA RD FRUITLAND PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMIN, JITENKUMAR 4075 PICCIOLA RD FRUITLAND PARK, FL
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02/12/04-80060-001 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/32/04 352-326-8872
Date Daytime Phone #