

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000060588

1. Entity Name
JIGAR, INC.



**FILED
Mar 23, 2004 8:00 am
Secretary of State**

03-23-2004 90012 045 ***150.00

24027693



03122004 Chg-P CR2E034 (10/03)

Principal Place of Business 10355 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455		Mailing Address 6525 JESSY CT LAKE WORTH, FL 33467	
2. Principal Place of Business 6525 JESSY CT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LAKE WORTH FL 33467		City & State	
Zip	Country US	Zip	Country
6. Name and Address of Current Registered Agent SHAH, DIPIKA 6525 JESSY CT LAKE WORTH, FL 33467			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAH, DIPIKA 6525 JESSY CT LAKE WORTH, FL 33467	<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
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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 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: *D. I. C. Shah*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.04

Date

Daytime Phone #