

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000034882

Entity Name
SHRI KRISHNA ASSOCIATES, INC.



Principal Place of Business

**391 SEABROOK ROAD
TEQUESTA, FL 33469**

Mailing Address

**391 SEABROOK ROAD
TEQUESTA, FL 33469**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0577419** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRAVIN, PATEL R
19701 SE COUNTY LINE RD
TEQUESTA, FL 33469**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000398030
01/30/06-80079-012 150.00**

OFFICERS AND DIRECTORS

NAME TITLE	PSD PATEL, GHANSHYAM R
STREET ADDRESS CITY-ST-ZIP	19701 SE COUNTY LINE ROAD TEQUESTA, FL 33469
NAME TITLE	VTD PATEL, PRAVIN R
STREET ADDRESS CITY-ST-ZIP	19701 SE COUNTY LINE ROAD TEQUESTA, FL 33469
NAME TITLE	
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
NAME TITLE	
STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

Praavin Patel

PRAVIN PATEL

1/19/06

561 575 3867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #