


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000034882</b>	
1. Entity Name SHRI KRISHNA ASSOCIATES, INC.	

Principal Place of Business 391 SEABROOK ROAD TEQUESTA, FL 33469	Mailing Address 391 SEABROOK ROAD TEQUESTA, FL 33469
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0577419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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**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 the if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PATEL, GHANSHYAM R 19701 SE COUNTY LINE ROAD TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PATEL, PRAVIN R 19701 SE COUNTY LINE ROAD TEQUESTA, FL 33469
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02/28/07-80010-019 150.00

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12. 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:** Pravin Patel PRAVINPATEL 2/16/07 561-575-3867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #