

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000055431**

1. Entity Name  
BHITAP, INC.



Principal Place of Business

118 SOUTH MIAMI AVE  
MIAMI, FL 33130

Mailing Address

PO BOX 016369  
MIAMI, FL 33132



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0597583

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SHAH, MAHENDRA  
7801 S.W. 70TH ST.  
MIAMI, FL 33143

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | PD                 |
| NAME           | SHAH, MAHENDRA     |
| STREET ADDRESS | 7801 S.W. 70TH ST. |
| CITY-ST-ZIP    | MIAMI, FL 33143    |
| TITLE          | SD                 |
| NAME           | SHAH, MUKUND       |
| STREET ADDRESS | 7801 S.W. 70TH ST. |
| CITY-ST-ZIP    | MIAMI, FL 33143    |
| TITLE          | TD                 |
| NAME           | SHAH, RAMESH B     |
| STREET ADDRESS | 7801 S.W. 70TH ST. |
| CITY-ST-ZIP    | MIAMI, FL 33143    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

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02/03/06-80025-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Jan 06

305-371-2149

Date

Daytime Phone #