

FILED
May 02, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000075170		
1. Entity Name SHER-E PUNJAB INDIAN REST., INC.		
Principal Place of Business 125 W. GADSDEN LANE COCOA BEACH, FL 32931		Mailing Address 125 W. GADSDEN LANE COCOA BEACH, FL 32931
DO NOT WRITE IN THIS SPACE		
		04142005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3399925		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent SINGH, SUNITA S 113 W ALACHUA LANE COCOA BEACH, FL 32931		DO NOT WRITE IN THIS SPACE
6. 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 fee if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SINGH, SUNITA S	
STREET ADDRESS	113 W ALACHUA LANE	
CITY- ST- ZIP	COCOA BEACH, FL 32931	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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		40 2705 Date Daytime Phone #