

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAR 29 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079836

1. Entity Name  
TUXILA HOME ACCENTS, INC.



Principal Place of Business  
6602 EXECUTIVE PARK CT. N, #201  
JACKSONVILLE, FL 32216

Mailing Address  
6602 EXECUTIVE PARK CT. N, #201  
JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3402264

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAH, PRASHANT  
10385 BIG TREE C E  
JACKSONVILLE, FL 32257

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHAH, PRASHANT  
STREET ADDRESS 10385 BIGTREE C E  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D ☐ Delete  
NAME SHAH, MANISHA  
STREET ADDRESS 10385 BIGTREE C E  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR/PRESIDENT ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR/VICE PRESIDENT ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR/SECRETARY ☐ Change ☒ Addition

NAME PARIKH, HEMANG  
STREET ADDRESS 10385 BIGTREE CIRCLE EAST  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DIRECTOR/TREASURER ☐ Change ☒ Addition

NAME PARIKH, SMITA  
STREET ADDRESS 10385 BIGTREE CIRCLE EAST  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Prashant Shah*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.04 332-7001

Date

Daytime Phone #