


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000084405 1. Entity Name SHREEJEE NI PEDHI'S, INC.	
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Principal Place of Business 4388 COUNTY ROAD 218 MIDDLEBURG, FL 32068	Mailing Address 4388 COUNTY ROAD 218 MIDDLEBURG, FL 32068
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DO NOT WRITE IN THIS SPACE



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3413103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, MANUBHAI 4388 COUNTY ROAD 218 MIDDLEBURG, FL 32068
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PATEL, MANUBHAI 2404 WEST DUMFRIES COURT ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATEL, RAVINDU 2404 WEST DUMFRIES COURT ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PATEL, RAHUL 2404 WEST DUMFRIES COURT ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATEL, SHAKUNTALABEN 2404 WEST DUMFRIES COURT ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/13/05-80002-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ravindu Patel **RAVINDU PATEL PD** 5/8/05 904-282-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #