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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089615 (4)

1. Corporation Name
SHREEJI INVESTMENTS INC.

Principal Place of Business	Mailing Address
~~1725 EASTERN ROAD~~ ~~S DAYTONA FL 32119~~	~~1725 EASTERN ROAD~~ ~~S DAYTONA FL 32119-2080~~

3. Date Incorporated or Qualified: **10/31/1996**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 PoBox 2785	26 Po Box 2785
Suite, Apt. #, etc. 22 10 Hickpochee Ave	Suite, Apt. #, etc. 27 10 Hickpoche Ave
City & State 23 Labelle Fl	City & State 28 Labelle Fl
Zip / Country 24 33975 / 25 Hendry	Zip / Country 29 33975 / 30 Hendry

4. FEI Number: 59-3415563 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, VIJAYKUMAR N
901 BIGTREE ROAD
S DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name: Patel Vijaykumar N
82 Street Address (P.O. Box Number is Not Acceptable)
P O Box 2785,
83 10 Hickpochee Ave
84 City: Labelle **FL** 85 Zip Code: 33975

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (X) Vija Patel — 01-20-97
Signature, Typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Patel Vijaykumar N	☒ Change ☐ Addition
NAME	PATEL, VIJAYKUMAR N		1.2 NAME		
STREET ADDRESS	901 BIGTREE ROAD		1.3 STREET ADDRESS	P O Box 2785, 10 Hickpochee Ave	
CITY-ST-ZIP	S DAYTONA FL 32119		1.4 CITY-ST-ZIP	Labelle, Fl 33975	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (X) Vija Patel — 01-20-97 — 441-675-2333