
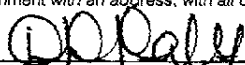


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000012502		
1. Entity Name SHIVAM, INC.		
Principal Place of Business 630 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880		Mailing Address 630 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PATEL, PINAKIN 630 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PSTD	
NAME	PATEL, PINAKIN	
STREET ADDRESS	630 CYPRESS GARDENS BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
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)(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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-7-04</u> Daytime Phone # <u>863-293-6121</u>



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3398599** Applied For ☐ Not Applicable ☒

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

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03/11/04 09095 000 158.00