


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90033 018 \*\*\*550.00

<b>DOCUMENT # P97000027154</b>	
1. Entity Name <b>SHREE DIGESHERY AMBA MAA, INC.</b>	

Principal Place of Business <b>12 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080</b>	Mailing Address <b>12 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080</b>
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**60045633**



2. Principal Place of Business - No P.O. Box # <b>94 San Marco Avenue</b>	3. Mailing Address <b>94 San Marco Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State <b>ST AUGUSTINE FL</b>	City & State <b>ST AUGUSTINE FL</b>
Zip <b>32084</b>	Country
Country	Zip <b>32084</b>
Country	Country

4. FEI Number <b>59-3446648</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DESAI, VAISHALIBEN S 12 ANASTASIA BLVD. ST. AUGUSTINE, FL 32084</b>		7. Name and Address of New Registered Agent Name <b>ADDRESS CHANGE - ONLY</b> Street Address (P.O. Box Number is Not Acceptable) <b>94 San Marco Avenue</b> City <b>ST AUGUSTINE</b> FL Zip Code <b>32084</b>	
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESAI, SOMABHAI L 12 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADDRESS CHANGE ONLY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>94 San Marco Ave</b> <b>32084</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DESAI, SHARDABEN S 12 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADDRESS CHANGE ONLY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>94 San Marco Avenue</b> <b>32084</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> 	<b>7/24/08</b>	<b>604 824 4406</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>