2008 FOR PROFIT CORPORATION ANNIIAI REPORT

FILED Jan 28, 2008 08:00 Al Secretary of State

AMMOAL KEI OKT							
DOCUMENT # P97000 1. Entity Name SHIV SHANKAR DONUT CORP							
Principal Place of Business	Mailing Address						
8702 W HILLSBOROUGH AVE Tampa, FL 33615 US	PO BOX 260725 Tampa, Fl. 33685	US					



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0776244 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

HANDIN, GARY I

the obligations of registered agent.

SIGNATURE:

6. Name and Address of Current Registered Agent

DO NOT WRITE 3111 UNIVERSITY DRIVE SUITE 404 CORAL SPRINGS, FL 33065 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

SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ang 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, CHIRAG P O BOX 260725 TAMPA, FL 33685				Uaaaaaaaaa	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000800460 01/31/08-80018-010 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
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 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 path; that I am an officer or director of the corporation or the receiver-ortuste 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.						

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR