

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000085942

1. Entity Name
SHRI SANTARAM MAHARAJ INC



Principal Place of Business
**2801 STATE RD #17 NORTH
SEBRING, FL 33870**

Mailing Address
**2801 STATE RD #17 NORTH
SEBRING, FL 33870**

FILED
Mar 14, 2005 08:00 AM
Secretary of State



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0785870	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

**DESAI, KAVITA A
2801 STATE RD #17 NORTH
SEBRING, FL 33870**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000262535
03/14/05-80056-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, DHARA A
STREET ADDRESS	2801 STATE RD #17 NORTH
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	VP
NAME	DESAI, KAVITA A
STREET ADDRESS	2801 STATE RD 17 N
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: KAVITA A. DESAI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kavita A. Desai; 3/11/05 (863) 382-0117

Date

Daytime Phone #