

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000095127

1. Entity Name  
SHIWANI INVESTMENT CORP.



Principal Place of Business

1101 N. TEMPLE AVE  
STARKE, FL 32091

Mailing Address

1101 N. TEMPLE AVE  
STARKE, FL 32091

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 04, 2004 8:00 am  
Secretary of State**

05-04-2004 90129 014 \*\*\*150.00



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0792394	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PATEL, PARBHU  
1101 N. TEMPLE AVE  
STARKE, FL 32091

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PARBHU 1101 N TEMPLE AVENUE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SURESH, PATEL 1290 TEMPLE N AVE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PATEL, PARBHU 1101 N. TEMPLE AVE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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:** *P. P. Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-04*

Date

Daytime Phone #