## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000095127

1290 N TEMPLE AVE

STARKE, FL 32091

Address:

City-St-Zip:

FILED Apr 24, 2009 Secretary of State

Entity Name: SHIWANI INVESTMENT CORP.					
Current Principal Place of Business:			New Principal Place of Business:		
1101 N. TE STARKE, I	EMPLE AVE FL 32091				
Current Mailing Address:			New Mailing Address:		
1101 N. TE STARKE, I	EMPLE AVE FL 32091				
FEI Number:	: 65-0792394	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
PATEL, PARBHU 1101 N. TEMPLE AVE STARKE, FL 32091 US			2010 NE 14TH ST 200	J & S ASSOCIATE 2010 NE 14TH ST 200 OCALA, FL 34470 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: VIJAY PATEL				04/24/2009	
Electronic Signature of Registered Agen			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( PATEL, PARBI 1101 N TEMPL STARKE, FL 3	E AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( SURESH, PATI 1290 TN EMPL STARKE, FL 3	E AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( PATEL, PUSHF 1101 N. TEMP STARKE, FL 3	_E AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( PATEL, JASHU	) Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PARBHU PATEL Ρ 04/24/2009