2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000008154

1. Entity Name
SHIV-YESH, INC.

Principal Place of Business	Mailing Address
SURF CITY SQUEEZE 1910 WELLS ROAD ORANGE PARK, FL 32073	SURF CITY SQUEEZE 1910 WELLS ROAD ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

03212006 No Chg-F CR2E034 (11/05)

4. FEI Number
59-3325226
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROT, HEMANT
1910 WELLS RD SURF CITY SQUEEZE
ORANGE PARK, FL 32073

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAROT, HEMANT
STREET ADDRESS	1580 WELLS ROAD, SUITE 34
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	PATEL, PANKAJ M
STREET ADDRESS	1580 WELLS ROAD, SUITE 34
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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.

SIGNATURE: Kenod Bat 4-2-06 919-215-3413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #