

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90050 007 \*\*\*150.00

DOCUMENT # P98000041307

1. Corporation Name  
PARSHWA, INC.

Principal Place of Business  
6667 42ND TERRACE NORTH  
WEST PALM BEACH FL 33407

Mailing Address  
6667 42ND TERRACE NORTH  
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1998

4. FEI Number

65-0835812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAH, VASANT  
6667 42ND TERRACE NORTH  
WEST PALM BEACH FL 33407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D  
SHAH, VASANT  
STREET ADDRESS  
6667 42ND TERRACE NORTH  
CITY-ST-ZIP  
WEST PALM BEACH FL 33407

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
SHAH KAMLESH  
STREET ADDRESS  
3285 AMACA CIR  
CITY-ST-ZIP  
ORLANDO FL.

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
SHAH NARESH  
STREET ADDRESS  
9761 MAJESTIC WAY  
CITY-ST-ZIP  
BOYANTON BCH FL.

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
SHAH KIRIT  
STREET ADDRESS  
6663 HATTERAS DR.  
CITY-ST-ZIP  
LAKEWORTH FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
SHAH ASHOK  
STREET ADDRESS  
4758 COMBAHEE LN.  
CITY-ST-ZIP  
ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vasanth Shah  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

561-842-0599

Daytime Phone #

CR2E034 (1/98)