PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000067466

Country

9. Name and Address of Current Registered Agent

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1. Corporation Name

SHREEGI CORPORATION

Principal Place of Business	Principal	Place	of E	Business
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2. Principal Place of Business

PATEL, VIJAY

5108 MINTON ROAD N2 PALM BAY FL 32907

Suite, Apt. #, etc.

City & State

Mailing Address

5108 MINTON ROAD N2 PALM BAY FL 32907

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Zip

5108 MINTON ROAD N2 PALM BAY FL 32907

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90202 009 ***150.00



DO NOT WRIT	TE IN THIS SPA	CE
3. Date Incorporated or Qualifed		_
_07/25/.19 <u>98</u>		
4. FEI Number	-	Applied For
59-3529326		Not Applicable
5 Certificate of Status Desired	<u>√</u> \$	8.75 Additional

	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	This corporation owes the current Personal Property Tax.	year Intangible	□No	
	10. Name and Address of New Reg	istered Agent		
Name	·•			
Street Add	ress (P.O. Box Number is Not Acceptable)		

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.

Country

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SIGNATURE	&col				
0.0	Signature, typed or prised and the of registered agent and title if applicable. (NOTE	: Registerød Agent signature			2011.40
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	F37 DELETE	1.1 TITLE	DPST	Change	
NAME		1.2 NAME	VIJAY PATEL	ш. Х	
STREET ADDRESS		1.3 STREET ADDRESS	VIJAY PATEL 5108 MINTON ROAD, PALM BAY, FL 32907	۳ڪ	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PALM BAY, FL 32907		
TITLE	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	* · · · <u>* * * · · · · · · · · · · · · ·</u>	2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	4		1
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME	ļ		
STREET ADDRESS		4.3 STREET ADDRESS	;		
CITY-ST-ZIP		4.4 CITY-ST-ZIP			`
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS	s		
CITY OT 710		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:

Zip Code