

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90693 016 ***150.00

DOCUMENT # P99000087762 1. Entity Name SHIVA FAB INTERNATIONAL, INC.					
Principal Place of Business 6761 W. SUNRISE BLVD. STE. 2 PLANTATION, FL 33313 US			Mailing Address 6761 W. SUNRISE BLVD. STE. 2 PLANTATION, FL 33313 US		
2. Principal Place of Business 10420 W. McNAB ROAD			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMARAC, FL			City & State		
Zip 33321-1814		Country		Zip	
Country		Country		4. FEI Number 65-0964415	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DATA PROFESSIONALS, INC. 3935 N.W. 38TH TERRACE LAUDERDALE LAKES, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SINGH, SARABJIT 6761 W. SUNRISE BLVD. PLANTATION, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1849 HIDDEN TRAIL LANE WESTON, FL 33327-1456	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SINGH, AMARJEET 6761 W. SUNRISE BLVD. PLANTATION, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1849 HIDDEN TRAIL LANE WESTON, FL 33327-1456	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SINGH, URMEET 6761 W. SUNRISE BLVD. PLANTATION, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1849 HIDDEN TRAIL LANE WESTON, FL 33327-1456	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Urmeet Singh</u> URMEET SINGH, U.P. 4-30-04 954-722-6662 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					