

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093602

Entity Name: SHRIJI KRUPA, INC.

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

1297 SW GATLIN BLVD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1297 SW GATLIN BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0956255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARIKH, SHRIKANT R
1297 SW GATLIN BLVD.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARIKH, DAKSHA S
Address: 1601 SW 82ND COURT
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: ZAVERI, BAKULA V
Address: 6520 SW 98 STREET
City-St-Zip: MIAMI, FL 33156

Title: VPD () Delete
Name: PARIKH, BINITA H
Address: 2501 SW 118TH COURT
City-St-Zip: MIAMI, FL 33175

Title: PD () Delete
Name: PARIKH, SHRIKANT R
Address: 1601 SW 82ND COURT
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: ZAVERI, VIJAY D
Address: 6520 SW 98TH. STREET
City-St-Zip: MIAMI, FL 33156

Title: STD () Delete
Name: PARIKH, HEMANT R
Address: 2501 SW 118TH CT
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHRIKANT R. PARIKH

D

03/29/2009

Electronic Signature of Signing Officer or Director

Date