

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/31/2006-90003-008-\$150.00-\$150.00

DOCUMENT # S49364

1. Entity Name
SHAKER SARUA, INC.



Principal Place of Business
**999 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334 US**

- Mailing Address
**999 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334 US**

FILED

06 SEP 22 PM 4:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0267707

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SARUA, SHAKER
999 EAST COMMERCIAL BLVD.
OAKLAND PARK, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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: *Shaker Sarua*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

8-26-06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SARUA, SHAKER
999 E COMMERCIAL BLVD
OAKLAND PARK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Shaker Sarua*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-19-06

K. Eckel SEP 25 2006