


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jan 24, 2004 08:00 AM  
Secretary of State

DOCUMENT # V01085  
1. Entity Name  
M.C. AND JYOTI SHAH, INC.



Principal Place of Business  
9359 US HWY 19, NORTH  
PINELLAS PARK, FL 33782

Mailing Address  
9359 US HWY 19, NORTH  
PINELLAS PARK, FL 33782

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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0311224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
CHOKSI, SHAIKESH M  
9359 US HWY 19 NO  
PINELLAS PARK, FL 33782

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAH, M. C. 9359 US HWY. 19, NORTH PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAH, JYOTI 9359 US HWY. 19, NORTH PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CHOKSHI, SHAIKESH M 9359 US HWY. 19, NORTH PINELLAS PARK, FL 33782
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01/26/04-80011-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 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: S. Chokshi Shailesh Chokshi 15/1/04 727-577-3888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #