


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2007 8:00 am**  
**Secretary of State**

08-14-2007 90007 011 \*\*\*150.00

<b>DOCUMENT # V06598</b> 1. Entity Name <b>SHAH JEWELERS, INC.</b>					
Principal Place of Business <b>8384 N LOCKWOOD RIDGE RD SARASOTA, FL 34243 US</b>			Mailing Address <b>8384 N LOCKWOOD RIDGE RD SARASOTA, FL 34243 US</b>		
2. Principal Place of Business - No P.O. Box # <b>8388 N. Lockwood Ridge Rd</b>		3. Mailing Address <b>8388 N. Lockwood Ridge Rd</b>			
Suite, Apt. #, etc. <b>Unit #24</b>		Suite, Apt. #, etc. <b>Unit #24</b>			
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>65-0305565</b>	
Zip <b>34243</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHAH, NITIN 8384 N LOCKWOOD RIDGE RD UNIT 24 SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PUSHPA, NITIN S</b> <b>8384 N LOCKWOODRIDGE RD</b> <b>SARASOTA, FL 34243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8388 N. Lockwood Ridge Rd #24</b> <b>SARASOTA FL 34243</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>RAVIN, LALJI G</b> <b>8384 N LOCKWOOD RIDGE RD</b> <b>SARASOTA, FL 34243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8388 N. Lockwood Ridge Rd #24</b> <b>SARASOTA FL 34243</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SHAH, NITIN</b> <b>8384 N LOCKWOOD RIDGE RD</b> <b>SARASOTA, FL 34243</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8388 N. Lockwood Ridge Rd #24</b> <b>SARASOTA FL 34243</b>	
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 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.					
<b>SIGNATURE:</b> <i>Nitin Shah</i>			08/13/2007 9419935489		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

# ATTACHMENT

40129090

Florida Department of Revenue  
Division of Corporations  
P. O. Box 8700  
Tallahassee, Fl. 32314

Re: Shah Jewelers, Inc.

FEIN: 65-0305565

Document Number V06598

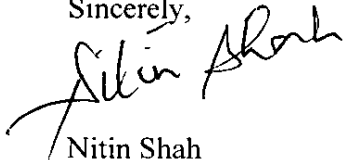
August 13, 2007

Received from a store-owner down the street your Notice of Intent to Dissolve. It was mistakenly left at his place of business. Please correct our address to 8388 N Lockwood Ridge Road Unit #24 Sarasota, Fl. 34243.

I never received the Annual Report Notice and enclosed is a completed annual report for 2007. Please consider this timely filed.

Your help in this matter is greatly appreciated and if any additional information is needed, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Nitin Shah", written over the word "Sincerely,".

Nitin Shah