


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V13367</b> 1. Entity Name SHRIJI INC. OF CENTRAL FLA	
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Principal Place of Business C/O OVIEDO DISCOUNT BEVERAGE 110 GLENEVA DR. OVIEDO, FL 32765 US	Mailing Address P.O. BOX 1234 OVIEDO, FL 32765 US
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01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3108822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PATEL, JAYESH C. 110 GENEVA DR. OVIEDO, FL 32765	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	0000000083464 03/10/04-80040-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, JAYESH C. 1022 TROUT CREEK CT. OVIEDO, FL 32765
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d) 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: XI-C. PATEL JAYESH PATEL President 3/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #