

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90351 048 ***150.00

DOCUMENT # V20216 1. Entity Name SHREE JALARAM INC.					
Principal Place of Business 2606 FOWLER STREET FT MYERS, FL 33901			Mailing Address 2419 EAST MALL DR. FT MYERS, FL 33901 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3345 FOWLER Suite, Apt. #, etc.			
City & State Zip		City & State FT MYERS FL Zip 33901		4. FEI Number 59-3114167	
Country USA		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, BHUPENDRA 2606 FOWLER STREET FT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 is required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, BHUPENDRA 2606 FOWLER STREET FT MYERS, FL <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	S PATEL, SITAL 1188 BROWARD AVENUE JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Bhupendra Patel</u> BHUPENDRA PATEL 4/2/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> 2317334 2474 <small>Daytime Phone #</small>					