2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT # V63857

1. Entity Name

VASWANI CORPORATION



Principal Place of Business

11401 PINES BLVD

#270

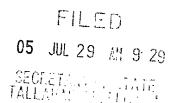
PEMBROKE PINES, FL 33026 US

Mailing Address

PO BOX 820256

S FLORIA, FL 33082

US





07282005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0356505 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VASWANI, SHAM K 243 SW 179TH AVE

PEMBROKE PINES, FL 33029

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SIGNATURE Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent si	ignature required when reinstating)	00058355937 9/0501002- <u>02</u> 5 **150.00
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	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.

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

10. OFFICERS AND DIRECTORS VASWANI, VIJAY NAME STREET ADDRESS 243 SW 179TH AVE CITY-ST-ZIP PEMBROOK PINES, FL 33026 TITLE VASWANI, HARDEVI S NAME STREET ADDRESS 243 SW 179TH AVE PEMBROKE PINES, FL 33029 CITY-ST-7IP TITLE NAME VASWANI, SHAM STREET ADDRESS 243 SW 179TH AVE CITY-ST-ZIP PEMBROOK PINES, FL 33026 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #