

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 FLORIDA, FL 33082 US

FILED  
05 JUL 29 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

700058255937  
08/09/05--01002--025 \*\*150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. 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.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME VASWANI, VIJAY  
STREET ADDRESS 243 SW 179TH AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE VP  
NAME VASWANI, HARDEVI S  
STREET ADDRESS 243 SW 179TH AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE ST  
NAME VASWANI, SHAM  
STREET ADDRESS 243 SW 179TH AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3rd 05