

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2006 08:00 AM
Secretary of State**

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**



01112006 No Chg-P CR2E034 (11/05)

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE
IN THIS SPACE**

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: S. K. Vaswani **S.K. VASWANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

954-436-1500

Daytime Phone #