

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000068198

**Entity Name:** SHIVA LINGAM 1, INC.

**Current Principal Place of Business:**

2101 W PENSACOLA ST  
# B  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

2101 W PENSACOLA ST  
# B  
TALLAHASSEE, FL 32304

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATEL, MANISH  
3511 N MONROE ST  
TALLAHASSEE, FL 32303 US

*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.*

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name PATEL, AMI  
Address 853 EAGLE VIEW DR  
City-State-Zip: TALLAHASSEE FL 32311

Title S  
Name PATEL, PARUL  
Address 9 GABRIELLA TERRACE  
City-State-Zip: GOSHEN NY 10924

Title S  
Name PATEL, SHEETAL  
Address 141 SHAMROCK HILL DRIVE  
City-State-Zip: WAPPINGERS FALLS NY 12590

Title S  
Name PATEL, VILAS  
Address 2667 TOWAMENCIN AVENUE  
City-State-Zip: HATFIELD PA 19440

Title S  
Name PATEL, MOUNIKA  
Address 10 CREST LANE  
City-State-Zip: NEW MILFORD CT 06776

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMI PATEL

**PRESIDENT**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date