

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146282

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: S7P CORP

## Current Principal Place of Business:

15536 LAKE BELLAVISTA DR  
TAMPA, FL 33625

## New Principal Place of Business:

1954 E. HWY 60  
VALRICO, FL 33594

## Current Mailing Address:

15536 LAKE BELLAVISTA DR  
TAMPA, FL 33625

## New Mailing Address:

FEI Number: 87-0788106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAH, DEVENDRA  
1319 AIRPORT DR  
F-5  
TALLAHASSEE, FL 33625 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHAH, DEVEN  
Address: 15536 LAKE BELLAVISTA DR  
City-St-Zip: TAMPA, FL 33625

Title: S ( ) Delete  
Name: SHAH, TEJAS  
Address: 15536 LAKE BELLAVISTA DR  
City-St-Zip: TAMPA, FL 33625

Title: T ( ) Delete  
Name: SHAH, TANVI  
Address: 15536 LAKE BELLAVISTA DR  
City-St-Zip: TAMPA, FL 33625

Title: VP ( ) Delete  
Name: PATEL, MITAL C  
Address: 16235 IVY LAKE DR  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MS ( ) Change (X) Addition  
Name: PATEL, JAYASHREE  
Address: 16235 IVY LAKE DR  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEVEN SHAH

Electronic Signature of Signing Officer or Director

PRES

03/18/2008

\_\_\_\_\_ Date