

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90253 014 \*\*\*150.00

**DOCUMENT # G47619**

1. Entity Name

TAJ INVESTMENT, INC.



Principal Place of Business

4723 HIGHLANDS PLACE DR  
 LAKELAND FL 33813  
 US

Mailing Address

4723 HIGHLANDS PLACE DR  
 LAKELAND FL 33813  
 US

**54035837**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2300828**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, CHHOTUBHAI N  
 4723 HIGHLAND PLACE DR  
 LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, C.N.	
STREET ADDRESS	4723 HIGHLAND PLACE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEV, MAHENDRA	
STREET ADDRESS	244 N FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATEL, K.K.	
STREET ADDRESS	1406 U S 27 NORTH	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PATEL, J.M.	
STREET ADDRESS	1039 SUGAR TREE DR S	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, VINOD B. (2ND)	
STREET ADDRESS	1406 US 27 NORTH	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Chhotubhai Patel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2004

Date

Daytime Phone #