


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90318 034 \*\*\*150.00

**DOCUMENT # G47619**  
 1. Entity Name  
**TAJ INVESTMENT, INC.**



Principal Place of Business      Mailing Address  
**4723 HIGHLANDS PLACE DR**      **4723 HIGHLANDS PLACE DR**  
**LAKELAND FL 33813**      **LAKELAND FL 33813**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
**730 HAMILTON PLACE DR**      **730 HAMILTON PLACE DR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
**LAKELAND FL**      **LAKELAND - FL**  
 Zip      Country      Zip      Country  
**33813**      **USA**      **33813**      **USA**

4. FEI Number      Applied For  
**NO-T APPLICABLE**       Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PATEL, CHHOTUBHAI N**  
**4723 HIGHLAND PLACE DR**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name      **PATEL CHHOTUBHAI N.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**730 HAMILTON PLACE DR**  
**LAKELAND**  
 City      **LAKELAND.**      FL      Zip Code  
**33813**

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 *lon Patel*      DATE 15th March 2006  
Signature of principal or principal agent of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL C.N.	
STREET ADDRESS	730, HAMILTON PLACE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *lon Patel*      DATE: 15th March 2006      863 647 3368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #