


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

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

Principal Place of Business 730 HAMILTON PLACE DR LAKELAND, FL 33813 US	Mailing Address 730 HAMILTON PLACE DR LAKELAND, FL 33813 US
---	---

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

PATEL, CHHOTUBHAI N
730 HAMILTON PLACE DR
LAKELAND, FL 33813

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, C.N. 730 HAMILTON PLACE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEV, MAHENDRA 244 N FLORIDA AVE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, K.K. 1406 U S 27 NORTH SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, J.M. 1039 SUGAR TREE DR S LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, VINOD B. (2ND) 1406 US 27 NORTH SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000694104
04/17/07-80005-003 150.00

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: *[Signature]* **3/22/2007** **863 647 3368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #