2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90209 030 ***150.00

DOCUMENT # P03000123556

1. Entity Name
RAJM, INC.

Principal Place of Business
4698 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746 US

Mailing Address
4698 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0353886 — Applie[d] / Not A[pplicable]

5. Certificate of Status Desired ☐ $8.75 Additio[nal] Fee Required

6. Name and Address of Current Registered Agent

PATEL, CHIRAG
4698 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

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 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

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		
TITLE	P	☐ Delete	TITLE		☐ Change ☐
NAME	PATEL, CHIRAG		NAME		
STREET ADDRESS	4698 W. IRLO BRONSON MEMORIAL HWY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 info[rmation] 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 Bl[ock 11 if] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/04

407-908-1555
Day time phone