

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 610799

1. Entity Name
BIJOUX, INC.



Principal Place of Business

**27001 US HWY 19 N
SUITE 1030
CLEARWATER, FL 33761**

Mailing Address

**27001 US HWY 19 N
SUITE 1030
CLEARWATER, FL 33761**

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1977568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHAFER, WALTER L.
2430 ESTANCIA BLVD
SUITE 108
CLEARWATER, FL 33761**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**SC
CHANDIRAM, SARDJ
5233 ENCLAVE DR
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
CHANDIRAM, NARI
5233 ENCLAVE DR
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAS
CHATANI, RAVI
5233 ENCLAVE DRIVE
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/27/05-80024-009 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nari Chandiram Chatani 4/25/05 727 796 1263