


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 610799</b> 1. Entity Name <b>BIJOUX, INC.</b>	
---	---

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
---	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE      CR2E034 (10/06)

City & State  Zip      Country	City & State  Zip      Country
--------------------------------------	--------------------------------------

4. FEI Number <b>59-1977568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SCHAFFER, WALTER L.</b> <b>2430 ESTANCIA BLVD</b> <b>SUITE 108</b> <b>CLEARWATER FL 33761</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SC CHANDIRAM, SARDJ <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5233 ENCLAVE DR	NAME	U00000722144
STREET ADDRESS	OLDSMAR FL 34677	STREET ADDRESS	05/02/07-80019-024 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PDC CHANDIRAM, NARI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5233 ENCLAVE DR	NAME	
STREET ADDRESS	OLDSMAR FL 34677	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DAS CHATANI, RAVI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5233 ENCLAVE DRIVE	NAME	
STREET ADDRESS	OLDSMAR FL 34677	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** NARI CHANDIRAM CHATANI      4/19/07      727-796-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #