

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 AUG 11 AM 11:49

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # F03000001080

1. Entity Name  
FARAJ CORP



Principal Place of Business  
38 ESPLANADE, P.O. BOX 728  
ST HELIER, JERSEY, CHANNEL ISLANDS  
JE4 8ZT, XX

Mailing Address  
P.O. BOX 728, 38 ESPLANADE  
ST HELIER, JERSEY, CHANNEL ISLANDS  
JE4 8ZT, XX



08062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
51-0006522

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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IN THIS SPACE

8. The above named entity is a corporation or partnership or other entity organized under the laws of the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09/02/08

FILE NOW! FEE IS \$150.00  
Due by September 15, 2008  
Signatory

Election Campaign Financing  
Trust Fund Contribution. ☐  
Authorized  
Signatory

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALY, ANTHONY
STREET ADDRESS	P.O. BOX 728, 38 ESPLANADE
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 8ZT
TITLE	SD
NAME	POUNTNEY, BREEGE
STREET ADDRESS	P.O. BOX 728, 38 ESPLANADE
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 8ZT
TITLE	D
NAME	MICHALSKI, JEAN
STREET ADDRESS	P.O. BOX 728, 38 ESPLANADE
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 8ZT
TITLE	D
NAME	QUENAULT, ALISON
STREET ADDRESS	P.O. BOX 728, 38 ESPLANADE
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 8ZT
TITLE	D
NAME	VINCENT, ROB
STREET ADDRESS	P.O. BOX 728, 38 ESPLANADE
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 8ZT
TITLE	D
NAME	RICKETTS, SIMON
STREET ADDRESS	P.O. BOX 728, 38 ESPLANADE
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 8ZT

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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 supplement is true and correct and that I am an officer or director of the corporation or the receiver or the person who prepared the 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 an officer who is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/02/08

Daytime Phone #

Authorized  
Signatory

Authorized  
Signatory