

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90023 048 ****70.00

DOCUMENT # F07000003664

1. Entity Name

BAJALIA TRADING COMPANY, INC.



Principal Place of Business **E**

**11221 JOHN WYCLIFF BLVD
ORLANDO FL 32832**

Mailing Address

**PO BOX 621646
ORLANDO FL 32862 -1646**



2. Principal Place of Business - No P.O. Box #

11221 JOHN WYCLIFF BLVD

3. Mailing Address

P.O. Box 621646

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

20-0188342

Applied For

Not Applicable

Zip

32832

Country

Zip

32862-1646

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARAH, DEBBIE
11221 JOHN WYCLIFF BLVD
ORLANDO FL 32832**

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 accept the obligations of registered agent.

SIGNATURE

Debbie S. Farah

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FARAH, DEBBIE S**
STREET ADDRESS **9715 OLD PATINA WAY**
CITY-ST-ZIP **ORLANDO FL 32832**

TITLE **P** ☒ Delete
NAME **GIRGIS, JOHN**
STREET ADDRESS **7427 NATIVE OAK LANE**
CITY-ST-ZIP **IRVING TX 75063**

TITLE **S** ☐ Delete
NAME **RALEY, ROSEMARY R**
STREET ADDRESS **1017 SLEEPY HOLLOW DRIVE NORTH**
CITY-ST-ZIP **IRVING TX 75061**

TITLE **T** ☐ Delete
NAME **HICKS, DAVID**
STREET ADDRESS **912 BLACKSTONE DR**
CITY-ST-ZIP **ALLEN TX 75002**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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:

Debbie S. Farah

3/13/08

407-852-3888