2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G47619

1. Entity Name
TAJ INVESTMENT, INC.



Principal Place of Business

730 HAMILTON PLACE DR LAKELAND, FL 33813 US Mailing Address

730 HAMILTON PLACE DR LAKELAND, FL 33813 US

FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90028 003 ***150.00



DO NOT WRITE IN THIS SPACE

02102008 No Chg-P CI

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, CHHOTUBHAI N 730 HAMILTON PLACE DR LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and title it	annilcable /NOTE Seriesered	Agent eigneture	required whose enjoytetion)	DATE			
Signature, typed or pithted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, C.N. 730 HAMILTON PLACE DR LAKELAND, FL 33813							
NAME STREET ADDRESS CITY-ST-ZIP	SD DEV, MAHENDRA 244 N FLORIDA AVE 225 Au) LAKELAND, FL 3380억	WBON OAKS DR						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL, K.K. 1608 GOLDEN OAK LOOP, NORTH. SOUTHBUEN MISS 38671			 DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, J.M. 1039 SUGAR TREE DR S LAKELAND, FL 3 3813			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, VINOD B. (2ND) 1406 US 27 NORTH SEBRING, FL 3 2 8							

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 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.

SIC	N	ΔΤ	115	>⊏•

STREET ADDRESS
CITY-ST-ZIP

NAME TO SEE A STATE OF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2008

Daytime Phone #