

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90019 015 ***150.00

DOCUMENT # J57754

1. Entity Name
AJAL MANAGEMENT, INC.



Principal Place of Business
**5870 S ORANGE BLOSSOM TR
ORLANDO, FL 32804 US**

Mailing Address
**9381 POCKET LN
ORLANDO, FL 32836 US**

54061336



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2769965

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATEL, ARVIND M.
9381 POCKET LANE
ORLANDO, FL 32836**

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS ^{150.00}~~\$650.00~~
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, ARVIND M.
STREET ADDRESS	9381 POCKET LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

714104

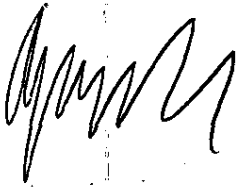
Attachment

54061336
557754

To Florida Department of State

Please be advised that we did not receive the 2004 Corporate Annual Report for AJAL Management. Due to this fact we are demanding that the late charge be removed from our account. If you have any questions please call me at 407-963-8307

Ajay Patel

A handwritten signature in black ink, appearing to read 'Ajay Patel', with a stylized, cursive script.