NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2004 8:00 am
Secretary of State
06-18-2004 90004 045 ****61.25

DOCUMENT # 000000453413

1. Entity Name
JAXRAAGA INC.

54058006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
117, KINGFISHER DRIVE	117, KINGFISHER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH, FLORIDA	City & State: PONTE VEDRA BEACH, FLORIDA
Zip: 32082 Country: USA	Zip: 32082 Country: USA

4. FEI Number: 30-0212200 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Wellhausen, Ashley
Street Address (P.O. Box Number is Not Acceptable): 9951 Atlantic Boulevard
Suite 415
City: Jacksonville FL Zip Code: 32225

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

FEE IS $61.25
Initial or Amended UBR

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	PRESIDENT
NAME	GANESH KUMAR, PREMA
STREET ADDRESS	117, KINGFISHER DRIVE
CITY-ST-ZIP	PONTEVEDRA BEACH, FLORIDA 32082
TITLE	SECRETARY
NAME	VENKATARAMA, KRISHNAKUMAR
STREET ADDRESS	7670, CROSSTREE LANE
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32256
TITLE	TREASURER
NAME	DESIKAN, DESI
STREET ADDRESS	2461 STONEBRIDGE DRIVE
CITY-ST-ZIP	ORANGEPARK, FLORIDA 32065
TITLE	
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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Prema Kumar PREMA KUMAR - PRESIDENT, JUNE 15, 2004 904-280-7790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #