


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000041536

1. Entity Name
JAY SIYARAM ENTERPRISE, INC.



Principal Place of Business
**815 6TH ST NW
WINTER HAVEN, FL 33881**

Mailing Address
**815 6TH ST NW
WINTER HAVEN, FL 33881**

DO NOT WRITE IN THIS SPACE



06012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3641600

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**PAREK, DENNIS I
815 6TH ST NW
WINTER HAVEN, FL 33881**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST- ZIP	PSD PAREK, DENISE I 815 6TH ST NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VTD PAREK, SANDHYA D 815 6TH ST NW WINTER HAVEN, FL 33881
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IN THIS SPACE**

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06/08/05-80001-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Dennis I Parek* **62-05** **863-207-1792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #