

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90004001 ***150.00
P00000051049


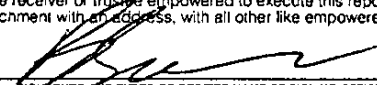
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SECTION 1
TALLAHASSEE



05092005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|-------------------------|--|---|---|---|
| DOCUMENT # P00000051049 | | | |  | |
| 1. Entity Name TEJ, INC. | | | | | |
| Principal Place of Business 100-140 CASCADE TERRACE DAYTONA BEACH, FL 32118 US | | | Mailing Address 1779 EARHART CT. DAYTONA BCH, FL 32128 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3672137 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SODHI, BHUPINDER 1779 EARHART CT DAYTONA BEACH, FL 32124 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SODHI, BHUPINDER | | | NAME | |
| STREET ADDRESS | 1779 EARHART COURT | | | STREET ADDRESS | |
| CITY - ST - ZIP | DAYTONA BEACH, FL 32124 | | | CITY - ST - ZIP | |
| TITLE | V.P. | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SODHI, SARANJIT | | | NAME | |
| STREET ADDRESS | 1779 Earhart Ct. | | | STREET ADDRESS | |
| CITY - ST - ZIP | Port Orange, FL 32128 | | | CITY - ST - ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | |
| 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:  | | BHUPINDER SODHI | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |
| | | 06/05/05 | | (386) 304-9919 | |