


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000061412 1. Entity Name SAHJANAND CORPORATION	
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Principal Place of Business 221 WOODLAWN RD. MACLENNY, FL 32063	Mailing Address 221 WOODLAWN RD. MACLENNY, FL 32063
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DO NOT WRITE IN THIS SPACE

FILED
05 JUL 12 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3654213	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, MANUBHAI R 491 SOUTH 5TH STREET MACLENNY, FL 32063

**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 MANU PATEL <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 07/07/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, MANUBHAI R 491 SOUTH 5TH STREET MACLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PATEL, CHETAN 872 LAWRENCE AVENUE WEST CHICAGO, IL 60185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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4-27-05 80150 006 \$150.00

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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: Manu Patel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 07/07/05 DAYTIME PHONE # 904.259.3699 <small>Date Daytime Phone #</small>