## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 23, 2006 08:00 AN DOCUMENT # P00000062637 Secretary of State 1. Entity Name GUJU LAW FIRM, P.A. Mailing Address Principal Place of Business 31564 US HWY. 19 N. 31564 US HWY. 19 N. PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3709602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUJU, MICHAEL J DO NOT WRITE 31564 US 198 NORTH PALM HARBOR, FL 34684 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) Signature, typed or printed name of registered agent and title if applicable U00000394959 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/26/06-80031-009 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GUJU, MICHAEL J NAME 34564 US 19 N STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR