FILED
May 01, 2003 8:00 am
Secretary of State
03-19-2003 90181 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P01000002617

1. Entity Name
RAJ CAD SERVICES, INC.

55033949

Principal Place of Business
4505 B SUMMER WALK SQ
WINTER PARK FL 32792

Mailing Address
2697 QUEEN MARY PL
MAITLAND FL 32751

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 2697 Queen Mary Pl	3. Mailing Address: P.O. Box 4215
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland	City & State: WINTER PARK
Zip: 32751 Country: Seminole	Zip: 32793 Country: ORANGE

4. FEI Number 59-3683469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAGOONATHAN, VIJAY 4505 B SUMMER WALK SQ WINTER PARK FL 32792	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME RAGOONATHAN, VIJAY STREET ADDRESS 4505 B SUMMER WALK SQ CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete	TITLE NAME VIJAY RAGOONATHAN STREET ADDRESS P.O. BOX 4215 CITY-ST-ZIP WINTER PARK, FL 32793 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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 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: SIGNATURE REQUIRED PRESIDENT 03/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #