

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90304 026 \*\*\*150.00

<b>DOCUMENT # P01000003116</b> 1. Entity Name <b>TAJ CONSULTING, INC.</b>																															
Principal Place of Business <b>5300 N W 33 AVENUE STE 117 FT. LAUDERDALE, FL 33309</b>		Mailing Address <b>5300 N W 33 AVENUE STE 117 FT. LAUDERDALE, FL 33309</b>																													
2. Principal Place of Business <b>1088 DEERWOOD LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1088 DEERWOOD LANE</b> Suite, Apt. #, etc.																													
City & State <b>WESTON, FL</b> Zip <b>33326</b>		City & State <b>WESTON, FL</b> Zip <b>33326</b>																													
4. FEI Number <b>65-1067242</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>SERCHAY, ALLAN 5300 N W 33 AVENUE STE 117 FT. LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>CHESLA, MORRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1088 DEERWOOD LANE</b> City <b>WESTON</b> <b>FL</b> Zip Code <b>33326</b>																													
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 <u><i>Morris Chesla</i></u> <b>MORRIS CHESLA</b> <span style="float: right;">4/29/05</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Delete  <b>D CHESLA, MORRIS 1088 DEERWOOD LANE WESTON, FL 33326</b> </td> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>D CHESLA, FRUMA 1088 DEERWOOD LANE WESTON, FL 33326</b> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D CHESLA, MORRIS 1088 DEERWOOD LANE WESTON, FL 33326</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D CHESLA, FRUMA 1088 DEERWOOD LANE WESTON, FL 33326</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Morris Chesla</i></u> <b>MORRIS CHESLA</b> <span style="float: right;">4/29/05 (954) 650-2487</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															