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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90296 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000020959

1. Entity Name
JALARAM INC. OF STARKE

Principal Place of Business	Mailing Address
2407 E. MALL DR. FT. MYERS, FL 33901	2419 EAST MALL DR. FT. MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1098869

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, BHUPENDRA
2407 E. MALL DR.
FT. MYERS, FL 33901

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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

FILE NUMBER FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, BHUPENDRA
STREET ADDRESS	2407 E. MALL DR.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	D
NAME	PATEL, SITAL
STREET ADDRESS	1188 BROWARD AVE
CITY ST ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	PATEL, MANSHA
STREET ADDRESS	8257 NORMANDY BLVD
CITY ST ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ 4/26/05 904 234 3374
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #