


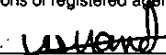
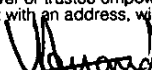
FILED
Mar 14, 2008 8:00 am
Secretary of State

40045742

03032008 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
65-1112029	Not Applicable

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

<h1>DOCUMENT # P01000057321</h1>			
1. Entity Name SANJAYNEAL, INC.			
Principal Place of Business 13435 S MCCALL RD PORT CHARLOTTE, FL 33981		Mailing Address 7450 ROSEMONT DRIVE ENGLEWOOD, FL 34224	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 13435 S. McCall Rd # A-1 City & State Port Charlotte, FL Zip 33981 Country	
6. Name and Address of Current Registered Agent			
ANAND, VIPAN 7450 ROSEMONT DRIVE ENGLEWOOD, FL 34224			Name
			Street Address 13435
			City Port
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANAND, VIPAN 7450 ROSEMONT DRIVE ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	13 Pe
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANAND, HEMISHA 7450 ROSEMONT DRIVE ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	13 Pe
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the provisions of Chapter 60, Florida Statutes, and that my signature shall have the same force and effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, Florida Statutes, had changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			