2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000060279

1. Entity Name
BIJANS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2 INDEPENDENT DR. #214 JACKSONVILLE, FL 32202	2046 SANDHILL CRANE DR. JACKSONVILLE, FL 32224

50053118

DO NOT WRITE IN THIS SPACE

05272005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3760743	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RAFFII, ERFAN
2046 SANDHILL CRANE DR.
JACKSONVILLE, FL 32224

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10.   OFFICERS AND DIRECTORS

TITLE	DE
NAME	RAFFII, ERFAN
STREET ADDRESS	2046 SANDHILL CRANE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	RAFFII, KIMBERLY
STREET ADDRESS	2046 SANDHILL CRANE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Erfan Raffii_   Erfan Raffii   5-27-05   904-394-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #