## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P01000069998  1. Entity Name AMBARAJ, INC.						04-15-2005 90066 048 ***150.00			
Principal Place of Business Mailing Address									
1215 N. ATLANTIC AVE.  DAYTONA BCH, FL 32118  DAYTONA BCH, FL 32118						4 %			
2, Principal Place of Business		3. Mailing Address				<u>                                    </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312005	Chg-P	CR2E034 (10/	03)	
City & State		City & State		4. FEI Numbe 59-3731			Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	□ \$8.75 Fee Rec	Additional quired	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	Registered Agent		
CONTRACTOR				Name					
GOHILL, RAMESH B 1215 N. ATLANTIC AVE.				Street Address (P.O. Box Number is Not Acceptable)					
DAYTONA BCH, FL 32118									
			City			FL Zip	Code		
	named entity submits this statement ions of registered agent.		register	ed affice or regis	tered agent, or both	n, in the State of Flo	orida. I am familiar	with, and accept	
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, 2005 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.					55.00 May Be dded to Fees	72.1	<del>Law di</del> Carlo di Car		
10.		D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
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CITY-ST-ZIP				-ST-ZIP					
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CITY-ST-ZIP				Y-ST-ZIP					
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STREET ADDRESS				EET ADDRESS					
CITY-SI-ZIP CITY				Y-ST-ZIP		<u> </u>			
12 I hereby	certify that the information supplied v	vith this filing does not qualify fo	r the exe	emotion stated in	Section 119.07(3)(	i) Florida Statutes	I further certify that	the information	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Thinker certaly 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 of 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:

RAMEN 8 GONILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

386 253 2088