


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90047 043 \*\*\*150.00

**DOCUMENT # P01000085788**

1. Entity Name  
**ASARAMJI, INC.**



Principal Place of Business  
 1104 SOUTH FEDERAL HWY.  
 HOLLYWOOD, FL 33020

Mailing Address  
~~HOLLYWOOD MOTEL~~ **Holiday Motel**  
 1104 S. FEDERAL HWY.  
 HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #  
**ASARAMJI INC.**

3. Mailing Address  
**ASARAMJI INC. DBA /**  
 Suite, Apt. #, etc. **Holiday Motel**  
 City & State **Hollywood FL**  
 Zip **33020**



01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1138140**

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

5. Name and Address of Current Registered Agent

**PATEL, SHOBHANA**  
 1104 SOUTH FEDERAL HWY.  
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PATEL, SHOBHANA	
STREET ADDRESS	1104 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, TARPAN	
STREET ADDRESS	1104 SOUTH FED HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, SAVAOV	
STREET ADDRESS	1104 S. FED HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 119, 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 I am empowered.

SIGNATURE:  **1-12-08 951-34-5608**

DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_