

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90017 046 ***150.00

DOCUMENT # P02000004771

1. Entity Name
BALAJI OF ORLANDO, INC.



Principal Place of Business
**5809 TEXAS AVE
ORLANDO, FL 32839**

Mailing Address
**5809 TEXAS AVE
ORLANDO, FL 32839**

2. Principal Place of Business

3. Mailing Address

4338 CONROY CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005

Chg-P

CR2E034 (10/03)

City & State

City & State

ORLANDO FLORIDA

4. FEI Number

60-0002257

Applied For

Not Applicable

Zip

Country

Zip

32835

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, MUKUND
5809 TEXAS AVE
ORLANDO, FL 32839**

Name **PATEL MUKUND**

Street Address (P.O. Box Number is Not Acceptable)

4338 CONROY CLUB DR

City **ORLANDO**

FL

Zip Code

32835

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)

1-6-05

DATE

**FILE NOW!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PATEL, MUKUND**
CITY-ST-ZIP **5809 TEXAS AVE
ORLANDO, FL 32839**

TITLE ☒ Change ☐ Addition
NAME **PATEL MUKUND**
STREET ADDRESS **4338 CONROY CLUB DR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **PATEL, ARATIBEN M**
CITY-ST-ZIP **4338 CONROY CLUB DRIVE
ORLANDO, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-05 701-0381