

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000005605 1. Entity Name TAJ RESTAURANT, INC.	
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Principal Place of Business 201 SE 15TH TERR., UNIT 101 DEERFIELD BEACH, FL 33441	Mailing Address 11764 W. SAMPLE ROAD, SUITE 101 CORAL SPRINGS, FL 33065
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2. Principal Place of Business	3. Mailing Address	04252005 Chg-P CR2E034 (10/03)
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number 27-0098345
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHOPRA, DIANE L 5795 ORANGE DRIVE DAVIE, FL 33314

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.

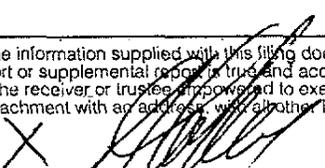
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	CHOPRA, ANOOP
STREET ADDRESS	5795 ORANGE DRIVE
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	DV <input type="checkbox"/> Delete
NAME	CHOPRA, DIANE L
STREET ADDRESS	5795 ORANGE DRIVE
CITY-ST-ZIP	DAVIE, FL 33314
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"/> Add
NAME	U00000360765
STREET ADDRESS	05/05/05-80047-013 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 (19.07(3)(7), 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 changed, or on an attachment with an address, with another like empowered

SIGNATURE: X  DATE: 5/2/05 DAYTIME PHONE #: 954-427-046