


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2008 8:00 am**  
**Secretary of State**

09-10-2008 90001 026 \*\*\*150.00

<b>DOCUMENT # P02000013497</b>		
1. Entity Name <b>JAY SANTOSHIMA CORP.</b>		

Principal Place of Business <b>4100 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>	Mailing Address <b>4100 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07242008 Chg-P CR2E034 (12/06)

4. FEI Number <b>04-3598360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PATEL, SURESH 4100 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>		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 reappointing)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SURESH		NAME		
STREET ADDRESS	4100 TAMiami TRAIL		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, BINA		NAME		
STREET ADDRESS	4100 TAMiami TRAIL		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, CHANDRAKANT		NAME		
STREET ADDRESS	4100 TAMiami TRAIL		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 like empowered.

SIGNATURE: 	SURESH PATEL	9/8/08	941-286-7908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #