

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 021 ***150.00

DOCUMENT # P02000050609

1. Entity Name
VJP MANAGEMENT INC.



Principal Place of Business
**11621-2 S CLEVELAND AVE
FORT MYERS, FL 33907**

Mailing Address
**11621-2 S CLEVELAND AVE
FORT MYERS, FL 33907**

4001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062008 Chg-P CR2E034 (11/05)

4. FEI Number
61-1413867

Applied For
Not Applicable

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

**UTTAMCHANDANI, KAVITA V
28 TIMBERLAND CIRCLE NORTH
FORT MYERS, FL 33919**

CHANGE OF ADDRESS

Name **UTTAMCHANDANI, KAVITA, V**

Street Address (P.O. Box Number is Not Acceptable)
11621-2 S. CLEVELAND AVE.,

City **FORT MYERS** FL Zip Code **33907**

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

VIJAY A. UTTAMCHANDANI

(NOTE: Registered Agent signature required when reinstating)

01/08/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **UTTAMCHANDANI, VIJAY P**
STREET ADDRESS **11621-2 CLEVELAND AVE**
CITY-ST-ZIP **FORT MYERS, FL 33907**

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

TITLE **V** ☐ Delete
NAME **UTTAMCHANDANI, KAVITA V**
STREET ADDRESS **11621-2 S. CLEVELAND AVE.**
CITY-ST-ZIP **FORT MYERS, FL 33907**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

VIJAY A. UTTAMCHANDANI

01/08/06 2392751034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #