2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90086 020 ***150.00

5/1/0⁻¹ 384 792 9343

Daytere Phone #

DOCUMENT # P02000099183 1. Entity Name SUCHIN & AJAY, INC.								05-04-200	07 90086)20 ***1	50.00
Principal Place of Business Mailing Address							40	Mann.			
101 HATLEY STREET JASPER, FL 32052-6665				101 HATLEY STREET JASPER, FL 32052-6665				·			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			L 4 4 I L 5 I I I L 5 L 5 L 5 L 5 L 5 L 5 L 5 L 5 L 5 L	il in ha h ca hu al ih c ah	<u>, </u>		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			05012007	Chg-P	CR2E034	1 (12/06)	
City & State				City & State		4. FEI Number 52-2377				olied For Applicable	
Zip	Country			Zip	Coun	try	5. Certificate of	of Status Desired	□ - \$	8.75 Addit ee Required	tional
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered Ag	jent	
ANISASI A LITREDA DA						Name Konneth M Daniels CPA					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.						Street Address (P.O. Box Number is Not Acceptable) 108 Central Ave					
4TH FLOOR								 -	1080	entral	MAG
MIAMI, FL 33145											
						city Jas		FL	Zip Code	ラ ス	
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 / WE A D & 5/1/07											
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 Fee will be \$550	9. Election Campa Trust Fund Cont		00 May Be ed to Fees						
10.	OFFICERS AND DIRI			TORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND D	DIRECTORS	IN 11
TITLE	P	00041.11		☐ Delete	TITL				1	Change	■ Addition
NAME STREET ADDRESS	THAKOR, GOPAL M 101 HATLEY STREET				NAM STRE	ET ADDRESS					
CITY-ST-ZIP	JASPER, FL 320526665					-ST-ZIP					
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STREET ADDRESS CITY - ST - ZIP					1	EET ADDRESS '-ST-ZIP					
	Certify that the	information supplied v	vith this fi	ling does not qualify for			in Chapter 119	Florida Statutes	further certif	y that the in	formation
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.											