2004 FOR PROFIT CORPORATION

Apr 12, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000102928** 1. Entity Name TAJ GROUP, INC. Principal Place of Business Mailing Address 14232 SOUTHWEST 50TH STREET 14232 SOUTHWEST 50TH STREET MIAMI, FL 33175 MIAMI, FL 33175 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2076007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IQBAL, TAHIR DO NOT WRITE 14232 SOUTHWEST 50TH STREET MIAMI, FL 33175 IN THIS SPACE 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. IQBAL TAMR Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PTD IQBAL, TAHIR NAME 14232 SOUTHWEST 50TH STREET U00000108922 04/12/04-80022-022 **150.00** STREET ADDRESS CATY - ST - ZIP MIAMI, FL 33175 VSD TITLE IQBAL, ZEBA NAME STREET ADDRESS 14232 SOUTHWEST 50TH STREET CITY-ST-ZIP MIAMI, FL 33175 रायः स NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(9), 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.

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NAME STREET ADDRESS CITY-ST-7/P

> SIGNATURE AND ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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