


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90006 032 \*\*\*550.00

<b>DOCUMENT # P03000010327</b>		
1. Entity Name <b>BRJ, CORPORATION</b>		
Principal Place of Business <b>2509 N. OCEAN BLVD. POMPANO BEACH, FL 33062</b>		Mailing Address <b>2509 N. OCEAN BLVD. POMPANO BEACH, FL 33062</b>

**54055208**



2. Principal Place of Business		3. Mailing Address		04052004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3764609</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GUHA, BULBUL 3151 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33065</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUHA, BULBUL</b>	NAME	
STREET ADDRESS	<b>3151 CORAL RIDGE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KHASTAGIR, RAJIB</b>	NAME	<b>KHUDIRAM SHILL (DIRECTOR)</b>
STREET ADDRESS	<b>3151 CORAL RIDGE DRIVE</b>	STREET ADDRESS	<b>3245 CORAL RIDGE DRIVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: *K Shill* **5-18-04 (954) 9418630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #