


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P03000046496 1. Entity Name SEVEN J'S MOTEL, INC.	
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Principal Place of Business 614 N.E. 8TH AVENUE BOYNTON BEACH, FL 33435	Mailing Address 614 N.E. 8TH AVENUE BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1448436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JINKYA, ARVIND A 4524 GUN CLUB ROAD #102 WEST PALM BEACH, FL 33415
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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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000889769 04/22/08-80065-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, THAKORBHA I 614 N.E. 8TH AVENUE BOYNTON BEACH, FL 33435
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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: THAKOR G. Patel Thakor Govind Patel 04-07-08 561-641-6673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #