

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000063430

1. Entity Name
BUNTY RAJA INC



Principal Place of Business

M. DISCOUNT BEX

J
FORT PIERCE, FL 34982 US

Mailing Address

3215 SOUTH US HWY 1

SUITE J
FORT PIERCE, FL 34982



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-1997542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SANDIP M
3215 SOUTH US HWY 1
SUITE J
FORT PIERCE, FL 34982

**DO NOT WRITE
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.

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000587988
01/17/07-80054-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, SANDIP M
STREET ADDRESS	1658 B HWY 138 E
CITY-ST-ZIP	JONESBORO, GA 30236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

S.M. Patel, Sandip Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-07

Date

772 429 8869

Daytime Phone #