2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000123556

1. Entity Name
RAJM, INC.

Principal Place of Business	Mailing Address
4698 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 US	4698 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 US

DO NOT WRITE IN THIS SPACE

01172007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-0353886		Not Applicable
5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, CHIRAG
4698 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

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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)

0000000504782
01/30/07-80009-005 150.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, CHIRAG
STREET ADDRESS	4698 W. IRLO BRONSON MEMORIAL HWY
CITY-ST-ZIP	KISSIMMEE, FL 34746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   1-17-07   407 908 1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #