2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000083666

1. Entity Name

JAY JALARAM ORMOND, INC.



Mailing Address

650 YOUNGE STREET ORMOND BEACH, FL 32174

Principal Place of Business

650 YOUNGE STREET ORMOND BEACH, FL 32174

FILED Feb 23, 2007 08:00 A Secretary of State



01232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0814938 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, JASHBHAI C 650 YOUNGE STREET ORMOND BEACH, FL 32174

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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, JASHBHAI 650 SO. YOUNG ST ORMOND BEACH, FL 32174				U00000644800 03/02/07-80058-015 15 0. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, SHAKUNTALABEN 650 SO. YOUNG ST ORMOND BEACH, FL 32174				93/92/91/90030 010 130.00	
TITLE NAMF STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
12. Thereby 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

213-07