

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000091212

1. Entity Name
RAJ PINELLAS INC.



Principal Place of Business
830 WEST KENNEDY BOULEVARD
TAMPA, FL 33606

Mailing Address
4566 23RD AVENUE NORTH
SAINT PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3158999	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, SHANTIA
3052 7TH AVENUE NORTH
ST PETERSBURG, FL 33713

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMLALL, CHAITNARINE
STREET ADDRESS	4566 23RD AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713

TITLE	S
NAME	SAMLALL, KHEMALA
STREET ADDRESS	4566 23RD AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713

TITLE	V
NAME	SINGH, SHANTIA
STREET ADDRESS	3052 7TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

727-492-5070

Daytime Phone #