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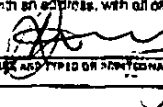
TALBOTT

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-13-2005 90226 003 ***150.00

DOCUMENT # P04000100679			
1. Entity Name SAI BALAJI, INC.			
Principal Place of Business 400 US HIGHWAY 19 N SUITE F12 PALATKA, FL 32177		Mailing Address 400 US HIGHWAY 19 N SUITE F12 PALATKA, FL 32177	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
 Remesh Punjabi 5516 Cypress Links Blvd. Elkton, FL 32033		Name Street Address (P.O. Box Number is Not Acceptable) 400 US Hwy 19 N Suite 23 PALATKA FL 32177	
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, need to reflect name of registered agent and file is acceptable. (NOTE: Registered Agent signature required when changing agent)			
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$590.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 Remesh Punjabi 5516 Cypress Links Blvd. Elkton, FL 32033	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 400 US Hwy 19 N Suite 23 PALATKA FL 32177
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 owner like employees.			
SIGNATURE: 		1-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66020768



01282005 Chg-P CR2ED04 (10/03)

4. FEI Number **80-0112263** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required