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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2005 8:00 am
Secretary of State
05-13-2005 90226 003 ***150.00

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DOCUMENT # P04000100679

1. Entity Name
SAI BALAJI, INC.

Principal Place of Business	Mailing Address
400 US HIGHWAY 19 N SUITE F12 PALATKA, FL 32177	400 US HIGHWAY 19 N SUITE F12 PALATKA, FL 32177

01262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 80-0112263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Remesh Punjabi
5516 Cypress Links Blvd.
Elkton, FL 32033

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
400 US Hwy 19 N Suite 23

City PALATKA FL Zip Code 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 _____ DATE

Signature, required if name of registered agent is changed. OFFICIAL Registered Agent signature required when reinstating.

FILE NOW!!! 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Remesh Punjabi
5516 Cypress Links Blvd.
Elkton, FL 32033

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Change ☐ Addition

400 US Hwy 19 N. Suite 23
PALATKA FL 32177

☐ Delete ☐ 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)(i), 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: _____ 1-21-05

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date