

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90020 030 \*\*\*150.00

**DOCUMENT # P04000131833**

1. Entity Name  
**RAJ GP INC.**



Principal Place of Business  
**700 S FEDERAL HWY STE 200  
BOCA RATON, FL 33432**

Mailing Address  
**700 S FEDERAL HWY STE 200  
BOCA RATON, FL 33432**

**50057021**



2. Principal Place of Business  
**2650 N. Military Tr.**

3. Mailing Address  
**2650 N. Military Tr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 240**

**Suite 240**

City & State

City & State

**Boca Raton, FL**

**Boca Raton, FL**

07132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1727759**

Applied For  
Not Applicable

Zip  
**33431**

Country  
**U.S.**

Zip  
**33431**

Country  
**U.S.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARELLEK, STEVEN  
700 S FEDERAL HWY STE 200  
BOCA RATON, FL 33432**

Name  
**Steven Garellek**

Street Address (P.O. Box Number is Not Acceptable)

**2650 N. Military Trail Ste 240**

City

**Boca Raton**

FL

Zip Code

**33432**

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)

**July 12, 2005**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Hiranya Rajasinghe  
800 Goodlette Road Suite 380  
Naples, FL 34102**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/05**  
Date

Daytime Phone #