

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90004 046 ***150.00

DOCUMENT # P05000035694	
1. Entity Name	
TAJU ENTERPRISE INC.	

DO NOT WRITE IN THIS SPACE

40025505

2. Principal Place of Business 2167 JESSA DRIVE Suite, Apt. #, etc.	3. Mailing Address 8925 VANDERVEER STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State KISSIMMEE, FL	City & State QUEENS VILLAGE, NEW YORK	4. FEI Number 56-2512503	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34743	Country USA	Zip NY 11427	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MOHAMMAD S. MIAH
Street Address (P.O. Box Number is Not Acceptable) 2167 JESSA DRIVE
City KISSIMMEE
State FL
Zip Code 34743

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

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MOHAMMAD S. MIAH 2167 JESSA DRIVE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MOHAMMAD A. ZAMAN 8925 VANDERVEER STREET QUEENS VILLAGE, NY 11427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RANU ZAMAN 8925 VANDERVEER STREET QUEENS VILLAGE, NY 11427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TAHERA BEGUM 2167 JESSA DRIVE KISSIMMEE, FL 34743
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. A. Zaman MOHAMMAD A. ZAMAN, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06
Date

(917) 344-0841
Daytime Phone #