## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000057293

Entity Name: JALARAM FOODS INC

Name:

Address: City-St-Zip: PATEL, ZENAIDA

3714 SE 3RD AVE

CAPE CORAL, FL 33904

FILED Apr 08, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
533 A US I VENICE, F	HWY 41 NORT FL 34292 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3345 FOW FORT MY	/LER ST ERS, FL 33901	US			
FEI Number	: 20-2880941	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above	ERS, FL 33901 named entity se of Florida.		ourpose of changing its registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ST () PATEL, HEMAN 3714 SE 3RD A CAPE CORAL, I	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () PATEL, DILIP 738 SCARLETT NORTH POINT,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HEMANT PATEL ST 04/08/2009