150.00

**FILED**
**Mar 17, 2008 08:00 AM**
**Secretary of State**

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000068440

1. Entity Name
ARJ SERVICES INC

| Principal Place of Business | Mailing Address |
|---|---|
| 2419 NW 95TH AVE<br>CORAL SPRINGS, FL 33065 | 2419 NW 95TH AVE<br>CORAL SPRINGS, FL 33065 |

DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4888549
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DURBEEJ, JERRY
2419 NW 95TH AVE
CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

000000859819
04/02/08-80017-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | RAMNAUTH, RABINDRANAUTH |
| STREET ADDRESS | 18931 NW 10TH ST |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33029 |
| TITLE | VP |
| NAME | RAMCHAL, PURNANANDA |
| STREET ADDRESS | 5773 NW 50TH DRIVE |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 |
| TITLE | VP |
| NAME | DURBEEJ, JERRY |
| STREET ADDRESS | 2419 NW 95TH AVE |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Durbeej 3/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #