2007 FOR PROFIT CORPORATION ANNUAL REPORT





DOCUMENT # P06000102380 1. Entity Name JAY & RAJ INC							07 APR 2 SECRETA TALLAHAS			
Principal Plac	e of Business	Ma	ailing Address				.,			Se
42 COASTAL Panacea, Fl	HIGHWAY	4	2 COASTAL HIGHWAY Anacea, FL 32346							
,	lace of Business - No P.O. Box i	7.	Mailing Address HAKUR LI	NABE	<i>\\</i>		<u> </u>			
Suite, Apt.	#, etc.	í	Suite, Apt. #, etc.	HWW		04272007	Chg-P	CR2E03	34 (12/06)	
City & State	9		City & State	K) 22 y.		4. FEI Numbe	94596			plied For
Zip	Country	1 2	Zip	Country wacul	1.		of Status Desired		\$8.75 Add	litional
	6. Name and Address of Cu	urrent Regis				7. Name and	Address of New Re	gistered A	gent	
THAKOD	LINAMEN D			Name						• ""
133 MAIN	LINA¶EN R ST			Street A	ddress (I	P.O. Box Numbe	r is Not Acceptable)			
	TE APT #902									
MAYO, FL	32066			ļ						_
				City				FL	Zip Code	Ð
	named entity submits this statenions of registered agent.	ment for the p	surpose of changing its re	egistered office o	r register	ed agent, or both	h, in the State of Flor	ida. I am f	amiliar with,	and accept
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SIGNATURE_	Signature, typed or printed name of registers	ed agent and title i	i combonite (NOTE)							
	organical printed and or registers	an again and and	rappicable. (NO1C;	Registered Agent signal	ore required	when reinstating)		DATE		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylane Phone #	SIGNATURE:	hina	R.	Thake or	4.27.07	352-316-5164
		SIGNATURE AND TYPED OR PRIN	ITED NAME OF	SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #