

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111497

Entity Name: SJS CHARITIES, INC.

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

3367 N. UNIVERSITY DRIVE, SUITE 201
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

3367 N. UNIVERSITY DRIVE, SUITE 201
DAVIE, FL 33024

New Mailing Address:

FEI Number: 20-3925288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THANKACHEN, SAM ESQ.
3367 N. UNIVERSITY DRIVE, SUITE 201
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THANKACHEN, SAM
Address: 3367 N. UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: VP () Delete
Name: CHACKO, CHERIYAN
Address: 3367 N. UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: T () Delete
Name: NADUPARAMBIL, SANJAIMON
Address: 3367 N. UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: O () Delete
Name: CHACKO, MELEPURACKAL
Address: 3367 N. UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: O (X) Delete
Name: JULIAN, JOY
Address: 3367 N. UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: JULIAN, JOY
Address: 3367 N. UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SAM THANKACHEN

P

01/30/2008

Electronic Signature of Signing Officer or Director

Date