

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000011323

1. Entity Name

BHANJI'S CORPORATION



Principal Place of Business

9548 SW 137TH AVE.  
MIAMI FL 33186

Mailing Address

9548 SW 137TH AVE.  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0374170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BHANJI, ANIL F  
15441 S.W. 168 TERRACE  
MIAMI FL 33187

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | P                      | <input type="checkbox"/> Delete |
| NAME            | BHANJI, ANIL F         |                                 |
| STREET ADDRESS  | 15441 S.W. 168 TERRACE |                                 |
| CITY - ST - ZIP | MIAMI FL 33187         |                                 |
| TITLE           | V                      | <input type="checkbox"/> Delete |
| NAME            | BHANJI, IMTYAZ F       |                                 |
| STREET ADDRESS  | 13961 S.W. 100 LANE    |                                 |
| CITY - ST - ZIP | MIAMI FL 33187         |                                 |
| TITLE           | S                      | <input type="checkbox"/> Delete |
| NAME            | BHANJI, AZMINA F       |                                 |
| STREET ADDRESS  | 15441 SW 168 TERR.     |                                 |
| CITY - ST - ZIP | MIAMI FL 33187         |                                 |
| TITLE           | T                      | <input type="checkbox"/> Delete |
| NAME            | BHANJI, SHAMIM         |                                 |
| STREET ADDRESS  | 13961 SW 100 LN        |                                 |
| CITY - ST - ZIP | MIAMI FL 33186         |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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03/21/05-80026-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Anil Bhanji* ANIL BHANJI

3-16-05

305-388-5067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #