


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000008151	
1. Entity Name MAHARAJA FINANCIAL SERVICES CORPORATION	

Principal Place of Business 1213 ANDES DR WINTER SPRINGS, FL 32708	Mailing Address 1213 ANDES DR WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE



06072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3223176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAHARAJA FINANCIAL SERVICES CORP.
1213 ANDES DR.
SUITE 304
WINTER SPRINGS, FL 32708**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALEJA, HANSRAJ 1213 ANDES DR WINTER SPRINGS, FL 32708
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06/13/05-80001-013 550.00

**DO NOT WRITE
IN THIS SPACE**

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:  **President** **6/13/05** **321 689 6568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #