


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90045 013 ***150.00

DOCUMENT # P94000036125

1. Entity Name
SAROJ, INC.



Principal Place of Business 10401 HWY 441 BRESLERS ICE CREAM & YOGURT LEESBURG, FL 34788 US	Mailing Address 10401 HWY 441 BRESLERS ICE CREAM & YOGURT LEESBURG, FL 34788 US
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2. Principal Place of Business 763 Eagle Ridge DRIVE Suite, Apt. #, etc.	3. Mailing Address 6686 Sunnyside DRIVE Suite, Apt. #, etc.
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01182005 Chg-P CR2E034 (10/03)

City & State LAKEWALES, FL	City & State LEESBURG, FL	4. FEI Number 59-3244962	Applied For <input type="checkbox"/> Not Applicable
Zip 33859	Country USA	Zip 34748	Country USA

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

6. Name and Address of Current Registered Agent

**PATEL, ARVIND P
 6686 SUNNYSIDE DR
 LEESBERG, FL 34748**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, ARVIND 6686 SUNNYSIDE DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATEL, SAROJ A 6686 SUNNYSIDE DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Date: 1/20/05 Daytime Phone #: 352 314 0725