

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081753

Entity Name: GAJANAN, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

C/O RED CARPET INN
1400 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

C/O RED CARPET INN
1400 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118 US

New Mailing Address:

FEI Number: 59-3352072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, MAHENDRA
1400 N ATLANTIC AVENUE
DAYTONA BEACH, FL 32118 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: VD () Delete
Name: PATEL, MINA
Address: 1400 N ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T () Delete
Name: PATEL, MAHENDRA
Address: 1400 N ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: PD () Delete
Name: PATEL, MAHENDRA
Address: 1400 N ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S () Delete
Name: PATEL, PRADIP
Address: 1400 N ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MAHENDRA C PATEL

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date