FILE NOW: FILING FEE AFTER MAY-1-1S \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000097754 (2)**

RAJAJAY, INC.

Principal	Place	of	Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



6802 SPRING I ORLANDO FL				8802 SPRING RAIN DRIV ORLANDO FL 32819-473								
								3. Date Incorporated or Qualified 01/01/1996	3a. Da	o of Las	l Report	
		a. Mailing Address				4. FEI Number	-1		Applied For			
21 Safe And the sta		26	26		59-3356481			Not Applicable				
22	Suite, Apr. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	te		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	2	Country 5	29	- Ζίρ 	Country 30			This corporation has liability for intangible tax under s. 199 032, Florida Statutes				
		nd Address of Curr	ent Reg	islered Agent		T		10. Name and Address of New Re	gistered A	gent		
	SHYAM, BAKI					81	Name					
8430 WAIALAE COURT ORLANDO FL 32819						82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	*		
ļ						83		***************************************				
						84	City		FL	85 Z	p Code	
11. Pursuant office or ragent. La	to the provisio registered agei am familiar with	ns of Sections 607.05 nt, or both, in the Sta , and accept the obt	502 and te of Flo gations	607.1508, Florida Stati orida. Such change was of, Section 607.0505, F	utes, the s authoriz Florida St	abov ed b	e-named co y the corpor s.	rporation submits this statement for the ration's board of directors. I hereby acce	ourpose of pt the appo	changing pintment	g its registered as registered	
SIGNATURE												
12.	Signature, typod or	printed name of registered a OFFICERS A			DTE flogiste		ent signature req	Jured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECT	OBS IN 12	
TITLE	D	OFFICERS	1467 (211)	DELETE		TITLE		ADDITIONA OF TANGES TO OF THE		Chang		
NAME	GOVINDAR	AJ, SRIDHAR			1.2	NAME						
STREET ADDRESS		NG RAIN DRIVE			1.8	STREET	1 ADDRESS					
CITY-ST-ZIP	ORLANDO	FL 32819			1.4	CITY-S	ST - ZIP					
TITLE	D			☐ DELETE	21	THLE				Chang	e 🔲 Addition	
NAME		BAKTHA V				NAME						
STREET ADDRESS		LAE COURT					ADDRESS					
CITY-ST-ZIP	ORLANDO	FL 32818		DELETE		CITY-	ST - ZIP			Chang	e Addition	
NAME				the present		NAME				L_J Ollang	C Addition	
STREET ADDRESS							T ADDRESS					
CITY-ST-ZIP							S1 - 7IP					
TITLE	 			☐ DELFTE		TITLE				Chang	e 🔲 Addition	
NAME					4. 2	NAME						
STREET ADDRESS					4.8	STREE	1 ADDRESS					
CITY-ST-ZIP					4.4	CITY-S	S1 - 7)P					
						TITLE				Chang	e 🔲 Addition	
TITLE				DETETE	5.1					L Onling		
TITLE NAME				DELETE		NAME				L_J Onling		
TITLE NAME STREET ADDRESS				□ DEĻETE	5.2	NAME	T ADDRESS			Onling		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					5.9 5.8 5.4	NAME STREE	T ADDRESS S1-ZIP		a di un harristikki kilo e pieta dankun.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		× 40. (17/4 - 2 / 1) 1 1 1 1 1 1 1 1 1		☐ DELETE	5.2 5.8 5.4 6.4	NAME STREE CITY : TITLE				Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					5.2 5.8 5.4 6.4 6.2	NAME STREET CITY - S TITLE NAME	S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					5.2 5.8 5.4 6.4 6.2 6.8	NAME STREE CITY : TITLE NAME STREE		·				

or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for rule receiver or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name to my an attackment with an address. 1 am an officer or director of the corporal appears in Block 12 or Block 13 if change