

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040587

Entity Name: JAI JALARAM ENTERPRISES, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2580 STATE RD 16
SAINT AUGUSTINE, FL 320920702

New Principal Place of Business:

Current Mailing Address:

2580 STATE RD 16
SAINT AUGUSTINE, FL 320920702

New Mailing Address:

FEI Number: 65-0668478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAKKAR, SANMUKH S
2580 STATE RD 16
SAINT AUGUSTINE, FL 320920702 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: DVS () Delete
Name: SANMUKH, THAKKAR
Address: 2580 STATE RD 16
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DPT () Delete
Name: THAKKAR, PRAVINAS
Address: 2580 STATE RD 16
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: THAKKAR, SANMUKH
Address: 2580 STATE RD 16
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DPT (X) Change () Addition
Name: THAKKAR, PRAVINA
Address: 2580 STATE RD 16
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PRAVINA THAKKAR

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04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date