


**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90025 029 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

3.

<b>DOCUMENT # P96000040587</b>			
1. Entity Name JAI JALARAM ENTERPRISES, INC.			
Principal Place of Business 2580 STATE RD 16 SAINT AUGUSTINE, FL 32092-0702		Mailing Address 2580 STATE RD 16 SAINT AUGUSTINE, FL 32092-0702	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2580 SA 16	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST AUG.		City & State	
Zip 32092		Country ST. John	
4. FEI Number 65-0668478		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THAKKAR, SANMUKH S 2580 STATE RD 16 SAINT AUGUSTINE, FL 32092-0702		7. Name and Address of New Registered Agent	
Name		Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAKKAR, SANMUKH	NAME	
STREET ADDRESS	2580 STATE RD 16	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	CITY-ST-ZIP	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAKKAR, PRAVINA	NAME	
STREET ADDRESS	2580 STATE RD 16	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sam Thakkar</u> (SAM THAKKAR)		3/13/08 904-822-9963	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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