
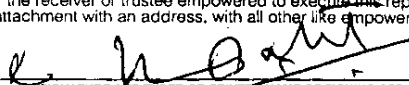


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90045 036 \*\*\*150.00

<b>DOCUMENT # P96000068491</b> 1. Entity Name <b>JALARAM OF ORMOND, INC.</b>					
Principal Place of Business <b>775 SOUTH NOVA ROAD ORMOND BEACH, FL 32174</b>			Mailing Address <b>775 SOUTH NOVA ROAD ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3398637</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PATEL, BINA N 775 SOUTH NOVA ROAD ORMOND BEACH, FL 32174</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PATEL, KANTILAL</b> <b>775 S. NOVA RD</b> <b>ORMOND BCH, FL</b> <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	<b>D</b> <b>PATEL, JALPESHKUMAR</b> <b>755 S. NOVA RD</b> <b>ORMOND BEACH, FL</b> <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	<b>V</b> <b>BHADRESA, RASTIV</b> <b>157 ACHILL CREST</b> <b>MISSISSAUGA ON L5B 1-L2 CA,</b> <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	<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	<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	<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 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.					
<b>SIGNATURE:</b> 			Date <b>01/24/07</b> Daytime Phone # <b>386-677-3904</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40007489



01122007 Chg-P CR2E034 (12/06)

ATTACHMENT

40007489  
#P96000068491

<b>a</b> Control number 1	<b>b</b> Employer identification number 59-3398637	<b>Copy B To Be Filed With Employee's FEDERAL Tax Return</b>				OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code JALARAM OF ORMOND INC 775 S NOVA RD  ORMOND BEACH FL 32174		1 Wages, tips, other compensation 5955.60		2 Federal income tax withheld 499.99			
		3 Social security wages 5955.60		4 Social security tax withheld 369.25			
		5 Medicare wages and tips 5955.60		6 Medicare tax withheld 86.36			
		7 Social security tips		8 Allocated tips		9 Advance EIC payment	
		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
<b>d</b> Employee's social security number 768-38-2058		12b Code		12c Code		12d Code	
<b>e</b> Employee's name, address and ZIP code JALPESH PATEL 775 S NOVA RD ORMOND BEACH FL 32174		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other			
		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2006

DAA

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

<b>a</b> Control number 1	<b>b</b> Employer identification number 59-3398637	<b>Copy 2 To Be Filed With Employee's State, City, or Local Tax Return</b>				OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code JALARAM OF ORMOND INC 775 S NOVA RD  ORMOND BEACH FL 32174		1 Wages, tips, other compensation 5955.60		2 Federal income tax withheld 499.99			
		3 Social security wages 5955.60		4 Social security tax withheld 369.25			
		5 Medicare wages and tips 5955.60		6 Medicare tax withheld 86.36			
		7 Social security tips		8 Allocated tips		9 Advance EIC payment	
		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
<b>d</b> Employee's social security number 768-38-2058		12b Code		12c Code		12d Code	
<b>e</b> Employee's name, address and ZIP code JALPESH PATEL 775 S NOVA RD ORMOND BEACH FL 32174		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other			
		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2006

DAA

Department of the Treasury - Internal Revenue Service



<b>a</b> Control number 1	<b>b</b> Employer identification number 59-3398637	<b>Copy C For Employee's Records.</b> (See Notice on Back of Copy "B")				OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code JALARAM OF ORMOND INC 775 S NOVA RD  ORMOND BEACH FL 32174		1 Wages, tips, other compensation 5955.60		2 Federal income tax withheld 499.99			
		3 Social security wages 5955.60		4 Social security tax withheld 369.25			
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		7 Social security tips		8 Allocated tips		9 Advance EIC payment	
		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
<b>d</b> Employee's social security number 768-38-2058		12b Code		12c Code		12d Code	
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DAA

Department of the Treasury - Internal Revenue Service