## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 💃

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

1. Corporation Name

P97000005735 (0)

RAJI REALTY CORP.

## **FILED** Mar 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						11981 8111 1881	
10851 BOCA WOODS LANE 10851 BOCA WOODS LANE							
BOÇA RATO		BOCA RATON FL 33428					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 01/21/1997		
2. Principal F	Place of Business	2a, Mailing Address	g Address			Applied For	
21		26			11 -2222602	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$8.75	Additional	
22		27			5. Certificate of Status Desired Fee	Required	
City & State		City & State				О Мау Ве	
23 28					Trust Fund Contribution LJ Added to Fees		
Zip	Country	Zip	Counti		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	25 9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent	☐ 140	
AMERILAWYER CHARTERED				81 Name			
343 ALMERIA AVENUE			_		JEROME MAZIROFF		
CORAL GABLES FL 33134			82	Street	dress (P.O. Box Number is Not Acceptable) 10851 BOCA WOODS LANE		
ONINE WINDER IT OUTO			83		Loweld maning		
₩		•	84	City		- Codo	
			**	1 5.6	BOCA RATON / FL  85   Zij	Code 33428	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE  JEROME MAZIROFF  Signature, typed or printed harve of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition	
NAME	MAZIROFF, JEROME		1.2 NAME				
STREET ADDRESS	10851 BOCA WOODS LANE		1.3 STREE	T ADDRESS		ļ	
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-				
TITLE	STD	☐ DELETE	2.1 TITLE	1	Change	Addition	
NAME	MAZIROFF, IRA		2.2 NAME			1	
STREET ADDRESS	BOOM DATON EL ANADA			T ADDRESS		ł	
CITY-ST-ZIP TITLE	BUCA HATUN PL 33426	DELETE	2.4 CITY- 3.1 TITLE	- ST - ZIP	Change	Addition	
NAME		_ been	3.2 NAME		onengo		
STREET ADDRESS		•		T ADDRESS		ŀ	
CITY-ST-ZIP			3.4. CITY-	}			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	T ADDRESS		ľ	
CITY-ST-ZIP			4.4 CITY-	ST- ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME		1	5.2 NAME	1		1	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME			1	
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
14. I hereby of	certify that the information supplied with	n this filing does not qualify for t	he exemo	otion stated	in Section 119.07(3)(i). Florida Statutes. I further certify that the	ne information	

Thereby centry that the information supplied with this little does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changing or on an attachment with an address.

SIGNATURE:

JEROME MAZIROFF

- 488.3062