## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # P97000026027** 05-02-2005 90537 016 \*\*\*150.00 1. Entity Name VRJ ENTERPRISES, INC. Mailing Address Principal Place of Business COCOROUN 5463 GRAND BLVD. 3115 NORTH NEBRASKA AVENUE TAMPA, FL 33603 **NEW PORT RICHEY, FL 34652** No Chg-P CR2E034 (10/03) 04022005 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3492941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PATEL, VISHNU G STREET ADDRESS 3115 NORTH NEBRASKA AVENUE CITY-SI-ZIP TAMPA, FL 33603 TITI F PATEL, JAYANTI B. NAME 14816 DARTMOOR LANE STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 appoint 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Daytime Phone 6

**FILED**