2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095661

Address:

City-St-Zip:

BOCA RATON, FL 33428

Entity Name: YASRAJ ENTERPRISES, INC.

FILED Mar 21, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4100 N. POWERLINE RD.			4100 N. POWERLINE	4100 N. POWERLINE RD.	
M-4			M-4	M-4	
POMPANO BEACH, FL 33073			POMPANO BEACH, F	POMPANO BEACH, FL 33073 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4100 N. Po M-4	OWERLINE R	D.			
	O BEACH, FL	33073			
FEI Number	: 65-0821887	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	MES B /ERSITY DRIV PRINGS, FL 3				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	KASAM, NOOF 1377 S. MILITA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (LAKHANI, BAH 10360 NW 131 CORAL SPRIN	TH MANOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAJWANY, BA 5166 NW 125		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (COLUSSADO, 22807 STATE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: LAKHANI, BAHADURALI VΡ 03/21/2006