2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095661

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL SPRINGS, FL 33075

COLUSSADO, GARY

BOCA RATON, FL 33428

22807 STATE RD 7

(X) Delete

FILED Feb 05, 2007 Secretary of State

Entity Nar	me: YASRAJ	ENTERP	RISES, INC.					
Current Principal Place of Business:				Ne	New Principal Place of Business:			
	OWERLINE R	D.						
M-4 POMPANO	D BEACH, FL	33073	US					
Current Mailing Address:				Ne	New Mailing Address:			
	OWERLINE R	D.						
M-4 POMPANO	D BEACH, FL	33073						
FEI Number:	65-0821887	FEI Nun	nber Applied For()	FEI Number	Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Na	Name and Address of New Registered Agent:			
CORAL SF	'ERSITY DRIV PRINGS, FL 3 named entity	33065 l	JS	urpose of ch	anging it	s registere	d office or registered agent, or both,	
	e of Florida.							
SIGNATURE: Electronic Signature of Registered Agent				nt	 Date			
Election Car	npaign Financin	ng Trust Fu	nd Contribution ().					
OFFICERS AND DIRECTORS:				ΑI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KASAM, NOOF 1377 S. MILITA DEERFIELD B	ARY TRAIL EACH, FL () Delete IADRUALI TH MANOR	33442	City Titl Nai Add	ne: dress: y-St-Zip:	1146 UNIVE CORAL SPE S SPIEGEL, E 3300 UNIVE	(X) Change () Addition AHADURALI ERSITY DRIVE RINGS, FL 33071 (X) Change () Addition BARRY ERSITY DRIVE SUITE 803 RINGS, FL 33071	
Title: Name: Address:	T (RAJWANY, BA 5166 NW 125.			Titl Nai Add		T FURSTEIN, 5021 S. STA	(X) Change()Addition ARNOLD ATE ROAD 7	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DAVIE, FL 33314

() Change () Addition

SIGNATURE: BAHADURALI LAKHANI Ρ 02/05/2007