


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

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90002 006 \*\*\*550.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000029012</b>					
1. Corporation Name <b>RAJI INVESTMENTS INC.</b>					
Principal Place of Business <del>* DAVID A. KING, ESQ.</del> <del>1416 KINGSLEY AVENUE</del> <del>ORANGE PARK FL 32073</del>			Mailing Address <del>* DAVID A. KING, ESQ.</del> <del>1416 KINGSLEY AVENUE</del> <del>ORANGE PARK FL 32073</del>		
2. Principal Place of Business 21 c/o Roopa Powell		2a. Mailing Address 26 c/o Roopa Powell		3. Date Incorporated or Qualified 03/30/1998	
Suite, Apt. #, etc. 22 2121 Burwick Avenue, #203		Suite, Apt. #, etc. 27 2121 Burwick Avenue, #203		4. FEI Number 59-3502103	
City & State 23 Orange Park, FL		City & State 28 Orange Park, FL		Applied For Not Applicable	
Zip 24 32073		Country 25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent  POWELL, ROOPA P 2121 BURWICK AVENUE APT. 203 ORANGE PARK FL 32073			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	POWELL, ROOPA P				
STREET ADDRESS	2121 BURWICK AVENUE SUITE 203				
CITY-ST-ZIP	ORANGE PARK FL 32073				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	POWELL, CHARLES D				
STREET ADDRESS	2121 BURWICK AVENUE SUITE 203				
CITY-ST-ZIP	ORANGE PARK FL 32073				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PARMAR, RAJIV A				
STREET ADDRESS	1233 NIORTH MESA DRIVE APT 1025				
CITY-ST-ZIP	MESA AZ 85201				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PARMAR, INDU A				
STREET ADDRESS	3119 COUNTY RD #136				
CITY-ST-ZIP	WHITE SPRINGS FL 32096				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6 Aug 1999 Daytime Phone #: 904-272-7187