

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90040 007 ***150.00

DOCUMENT # P98000034491

1. Entity Name

JAY JALARAM, INC.



Principal Place of Business

344 E DAVID ST
 A & M DISC BLVD.
 LAKE CITY FL 32055

Mailing Address

344 E DAVID ST
 A & M DISC BLVD.
 LAKE CITY FL 32055

54027644



MOORE CR2E034 (11/03)

2. Principal Place of Business

A & M Disc Bev #72

Suite, Apt. #, etc.
 394 E Duval St

City & State
 Lake City FL

Zip Country
 32058 4056 U.S.A.

3. Mailing Address

A & M DISC BEV #72

Suite, Apt. #, etc.
 394 E Duval St

City & State
 Lake City FL

Zip Country
 32058 U.S.A.

4. FEI Number **59-3534111**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PATEL, RAJNI
 148 PARIL TES
 LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name **RAJNI BHAI PATEL**

Street Address (P.O. Box Number is Not Acceptable)

148 PARIL TES

City **Lake City** FL Zip Code **32025**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTS <input type="checkbox"/> Delete
NAME	PATEL, RAJNI
STREET ADDRESS	604 E. DUVAL STREET
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 report 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.

SIGNATURE: *RILICKA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04 386.752.0942

Date

Daytime Phone #