


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000063532</b>			
1. Entity Name <b>DHIRAJ CORP.</b>			
Principal Place of Business <b>603 N. STATE ST BUNNELL, FL 32110 US</b>		Mailing Address <b>603 N STATE STREET P.O. BOX 2791 BUNNELL, FL 32110</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03012005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3533521</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PATEL, DUSHYANT J 603 N. STATE ST. BUNNELL, FL 32110</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 <u><b>PATEL DUSHYANT J.</b></u> <u><b>P</b></u> <u><b>03-01-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000254514</b> <b>03/07/05-80075-012 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATEL, DUSHYANT J P.O. BOX 2791 BUNNELL, FL 321102791</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PATEL, AMEETA D 603 N STATE STREET BUNNELL, FL 321102791</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: <u><b>D.J. PATEL</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><b>03-01-05</b></u> <small>Date</small>	<u><b>386-437-0555</b></u> <small>Daytime Phone #</small>