


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000072109</b>	
<b>1. Entry Name</b> JAI BALAJI, INC.	

<b>Principal Place of Business</b> 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32088-4503	<b>Mailing Address</b> 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32088
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3526013	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

PATEL, JYOTSNA  
 806 FALKIRK COURT  
 ORANGE PARK, FL 32073

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**8.** The above named entry 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 \_\_\_\_\_  
I, signed in 2004 or printed name of registered agent and the 1 above space (NOTE: Registered Agent signature required when filing online) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
<b>NAME</b> <b>STATE ADDRESS</b> <b>CITY STATE ZIP</b>	P PATEL, JYOTSNA 806 FALKIRK COURT ORANGE PARK, FL 32073
<b>NAME</b> <b>STATE ADDRESS</b> <b>CITY STATE ZIP</b>	VP PATEL, BALUBHAI C 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32080
<b>NAME</b> <b>STATE ADDRESS</b> <b>CITY STATE ZIP</b>	GM PATEL, SUBASH 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32080
<b>NAME</b> <b>STATE ADDRESS</b> <b>CITY STATE ZIP</b>	
<b>NAME</b> <b>STATE ADDRESS</b> <b>CITY STATE ZIP</b>	
<b>NAME</b> <b>STATE ADDRESS</b> <b>CITY STATE ZIP</b>	

U00000032976  
 03/19/04-80030-014 158.75

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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:**  **3-17-2004**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE