2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000072109

1. Entity Name
JAI BALAJI, INC.

Principal Place of Business	Mailing Address
107 ANASTASIA BLVD.	107 ANASTASIA BLVD.
ST AUGUSTINE, FL 32088-4503	ST AUGUSTINE, FL 32088

DO NOT WRITE IN THIS SPACE

02242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3526013	Not Applicable

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

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 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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, JYOTSNA
STREET ADDRESS	806 FALKIRK COURT
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP
NAME	PATEL, BALUBHAI C
STREET ADDRESS	107 ANASTASIA BLVD.
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	GM
NAME	PATEL, SUBASH
STREET ADDRESS	107 ANASTASIA BLVD.
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____   _____   3-30-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #