


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000072109

1. Entity Name
JAI BALAJI, INC.



Principal Place of Business Mailing Address

**107 ANASTASIA BLVD.
 ST AUGUSTINE, FL 32088-4503** **107 ANASTASIA BLVD.
 ST AUGUSTINE, FL 32088**

DO NOT WRITE IN THIS SPACE



03152006 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**


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

U00000480288
 04/10/06-80037-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, JYOTSNA 806 FALKIRK COURT ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PATEL, BALUBHAI C 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GM PATEL, SUBASH 107 ANASTASIA BLVD. 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 exemptions contained in Chapter 119, 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 the empowered.

SIGNATURE:  3-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 06/06 Daytime Phone #