


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90046 016 ***150.00

DOCUMENT # P98000072109

1. Entity Name
JAI BALAJI, INC.



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

Mailing Address
**107 ANASTASIA BLVD.
 ST AUGUSTINE, FL 32088**

40007511



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
59-3526013

Applied For
 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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, JYOTSNA 806 FALKIRK COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, BALUBHAI C 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM PATEL, SUBASH 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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


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 like empowered.

SIGNATURE: *[Signature]* **1-12-2007** **904-8261700**

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

ATTACHMENT

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000072109 1. Entity Name JAI BALAJI, INC.	
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Principal Place of Business 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32088-4503	Mailing Address 107 ANASTASIA BLVD. ST AUGUSTINE, FL 32088
---	--

40007511

DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

PATEL, JYOTSNA
 806 FALKIRK COURT
 ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

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SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2007, 904-8261700
 Date Daytime Phone #