

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90044 012 ***150.00

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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

JUUU4470



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3526013

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Subhash B Patel**

Street Address (P.O. Box Number is Not Acceptable)

107 Anastasia Blvd

City **St Augustine**

FL

Zip Code **32080**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **PATEL, JYOTSNA**
 STREET ADDRESS **806 FALKIRK COURT**
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **GM** Delete
 NAME **PATEL, SUBASH**
 STREET ADDRESS **107 ANASTASIA BLVD.**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE **President** Change Addition
 NAME **Patel, Subhash B**
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VP** Change Addition
 NAME **Patel, Sudhoben S**
 STREET ADDRESS **107 Anastasia Blvd**
 CITY-ST-ZIP **St Augustine FL 32080**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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]* **3-24-2008** **904-826-1700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #