

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90415 035 ***150.00

DOCUMENT # P98000097578

1. Entity Name

RAJUHI, INC.



Principal Place of Business

2121 N. FLORIDA AVE.
LAKELAND FL 33805

Mailing Address

2121 US 98 NORTH
LAKELAND FL 33805

34000010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

RAJUHI, INC.

3. Mailing Address

RAJUHI, INC.

Suite, Apt. #, etc.

2121, U.S. 98, NO.

Suite, Apt. #, etc.

3914-DERBY DR

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33805

Country

POLK

Zip

33809

Country

POLK

4. FEI Number

59-3548419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, NALIN
2121 US 98 NORTH
LAKELAND FL 33805

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-22-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PATEL, NALIN K
STREET ADDRESS 2121 NO FL AVENUE
CITY-ST-ZIP LAKELAND FL 33605

TITLE S ☒ Delete
NAME PATEL, GORDHAN-BHAI
STREET ADDRESS 1116-LAKE DEESON WOODS LANE
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 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 another fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NALIN. PATEL 04-22-04-863-529-1146