2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P99000012652 1. Entity Name ANJANI INC.							05-03-2004 91228 034 ***150.00				
Principal Place of Business 551 EAST SR 44 WILDWOOD, FL 34785				Mailing Address 551 EAST SR 44 WILDWOOD, FL 34785						· =	11 (188)
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt, #, etc.			04262004	Chg-P	CR2E00	34 (10/03)	
City & State				City & State			4. FEI Numb				plied For t Applicable
Zip	Country		-	Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
•	6. Name	and Address of Cu	rent Regis	gistered Agent Name			7. Name and Address of New Registered Agent				
PATEL, NILESH M 609 WEST DELEON STREET						Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33606											
						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 On the content of the con											
							5.00 May Be ided to Fees				
10.	OFFICERS AND DIRECTORS				11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	P Delete					.t. ΛΕ				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		HAPEL TREE CIR N, FL 33511				EET ADDRESS Y-ST-ZIP					
TITLE	VP			☐ Delete TH						☐ Change	Addition
NAME STREET ADDRESS	BHATT, N 551 E SR	IARENDRA 44			NAM STR	ME LEET ADDRESS					
CITY-ST-ZIP	WILDWOOD, FL 34785					Y-ST-ZIP					
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CITY-ST-ZIP TITLE				☐ Delete	CIT	Y-ST-ZIP				☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP					3	REET ADDRESS Y-ST-ZIP					
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STREET ADDRESS						REET ADDRESS					
CITY-ST-ZIP	Lertify that th	e information supplie	d with this	filing does not qualify	for the ex	Y-ST-ZIP emption stated in	Section 119.07(3)(i), Florida Statutes	s. I further cer	tify that the ir	nformation
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.											
SIGNAT	TURE:	NO	BINDA	TT .	0.00 5	TOB.		X 413	10104	aytime Phone #	
1	•	SIGNATURE AND TYP	ED OR PRINTE	D NAME OF SIGNING OFFICE	H OH DIREC	JIOH		Jate	U	dynamia Lucue #	