


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90036 030 \*\*\*150.00

**DOCUMENT # P99000049964**

1. Entity Name  
**SANJANA ENTERPRISES, INC.**



Principal Place of Business      Mailing Address


13606 SR 84      13606 SR 84  
 DAVIE, FL 33325      DAVIE, FL 33325

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02172004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0923249**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MANIAR, RAJU**  
 2306 NW 96 WAY  
 CORAL SPRINGS, FL 33065

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SHAH, ANAL	
STREET ADDRESS	2761 NW 120ST AVE	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEHTA, GAUTAM	
STREET ADDRESS	2761 NW 120TH AVE	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISMAIL, MAHAMMED	
STREET ADDRESS	2751 NW 120TH AVE	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NILA MEHTA</b>	
STREET ADDRESS	<b>U.P. 2761 NW 120th AVE</b>	
CITY-ST-ZIP	<b>PL. FL 33323</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *Rajm R Mehl*      Date: 3-11-04      Daytime Phone #: 954 914 5491