


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S26324 1. Entity Name JAI JALARAM, INC.	
--	---

Principal Place of Business 1110 SW PINE AVE. OCALA FL 34474 US	Mailing Address 1110 SW PINE AVE. OCALA FL 34474 US
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
---------------------------------	---------------------------------

4. FEI Number 59-3112850	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, KUNDAN D. 1110 SW PINE AVE. OCALA FL 32674-3232	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
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	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">P</td> <td style="width: 85%;">PATEL, KUNDAN D.</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1110 S.W. PINE AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCALA FL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	P	PATEL, KUNDAN D.	<input type="checkbox"/> Delete	NAME	1110 S.W. PINE AVE.		STREET ADDRESS	OCALA FL		CITY - ST - ZIP		
P	PATEL, KUNDAN D.	<input type="checkbox"/> Delete											
NAME	1110 S.W. PINE AVE.												
STREET ADDRESS	OCALA FL												
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													
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	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"></td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME													
STREET ADDRESS													
CITY - ST - ZIP													
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	U00000686720												
STREET ADDRESS	04/10/07-80010-022 150.00												
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 exemptions contained in Section 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: Kundan D. Patel **KUNDAN D. PATEL** 3-27-07 352-351-8076

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