

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90050 008 ***150.00

DOCUMENT # S89190

1. Entity Name
TEJ VILLAGE, INC.



Principal Place of Business
402 HIGH POINT DR
COCOA, FL 32926 US

Mailing Address
402 HIGH POINT DR
COCOA, FL 32926 US

94032494



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3090308

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHAH RAJENORA
402 HIGHPOINT DRIVE
COCOA, FL 32926

(SP) RAJENDRA

**DO NOT WRITE
IN THIS SPACE**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SHAH, MAHESH R. 702 HAWKSBILL ISLAND DR SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAH, RASHMI M. 702 HAWKSBILL ISL DR SATELLITE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAH, RAJENODA R (SP) RAJENDRA 740 NICKLAUS DR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHAH, KAMAN R (SP) KANAN 740 NICKLAUS DR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/04 321 690-0807