


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S98052</b> 1. Entity Name TEJ INVESTMENT CORP.	
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Principal Place of Business 1545-4A S. LONGRESS AVE DELRAY BEACH, FL 33444 US	Mailing Address 1744 PRIMROSE LANE WEST PALM BEACH, FL 33414 US
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02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0299835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TEJANI, ESPARANZA 1744 PRIMROSE LN WELLINGTON, FL 33414
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PD TEJANI, ESPARANZA 1744 PRIMROSE LANE WELLINGTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEJANI, JITIN 1744 PRIMROSE LANE WELLINGTON, FL
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03/05/06-80041-016 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jitin Tejani - JITIN TEJANI 02/2/2006 561-707-3397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #