## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # V70240 ADARSH-JAY REALTY, INC. Principal Place of Business Mailing Address 64 E MAIN ST, #100 64 E MAIN ST. #100 APOPKA, FL 32703 US APOPKA, FL 32703 US CR2E034 (11/05) 04042006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3148522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAYEE, JAYANTILAL S. DO NOT WRITE 64 EAST MAIN ST APOPKA, FL 32703 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 primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAYEE, JAYANTILAL S. NAME STREET ADDRESS 64 EAST MAIN ST CITY-ST-ZIP APOPKA, FL TITLE 11000001495806 04/21/06-80025-009 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY -ST - 2IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CATY-ST-ZIP

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 path; 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:

NAME STREET ADDRESS

> JAMARKIA NATEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED