2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State

ANNUAL REPORT	Apr 11, 2008 08:00
DOCUMENT # F97000002632	Secretary of Sta
1. Entity Name CONSTRUCTION SAJO INC.	
Principal Place of Business	100 111
1320 GRAHAM BLVD. 1320 GRAHAM BLVD.	3
MONT-ROYAL; QUEBEC; CA 7, h3-p3c8 3RD FLOOR MONT-ROYAL; QUEBEC, CA	7 9 12 12 13 14 14 15 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	TO THE STATE OF TH
	03262008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA	, , <u> </u>
	98-0156283 Not Applicable
	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	DO NOT WRITE
PLANTATION, FL 33324	IN THIS SPACE
	IN THIS SPACE
	A STATE OF S
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	
FILE NOW!!! FEE IS \$150.00 **After:May 1, 2008 Fee will be \$550.00 **Trust Fund Contribution. **Contribution.** **Trust Fund Contribution. **Contribution.** **Trust Fund Contribution. **Trust	
OFFICERS AND DIRECTORS	A Property of the Control of the Con
NAME GUERRERA, SALVATORE	
STREET ADDRESS 1320 GRAHAM BLVD . CITY-ST-ZIP MONTREAL, CANADA H3P 308.	
TITLE V	
NAME TEDESCHI, NICK STREET ADDRESS 1320 GRAHAM BLVD	
CITY-ST-ZIP MONTREAL, CANADA H3P 308,	
TITLE S NAME TEDESCHI, FRANCA	
STREET ADDRESS 1320 GRAHAM BLVD	DO NOT WRITE
CITY-ST-ZIP MINTREAL, QUEBEC, h38 3c8	DO NOT WRITE
TITLE NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-7JP	
TILE	-
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	
SINEEL ADDRESS CITY-ST-ZIP	The same of the same of the same of
12. I hereby certify that the information supplied with this filing does not qualify for the ex indicated on this report or supplemental report is true and accurate and that my signal	iture 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: