


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 031 ****50.00

DOCUMENT # L03000038994 1. Entity Name SOJA, LLC	
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Principal Place of Business C/O MICHAEL MAZZOLA 338 ROUTE 100 SOMERS, NY 10589	Mailing Address C/O MICHAEL MAZZOLA 338 ROUTE 100 SOMERS, NY 10589
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20028270



03072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1056291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D
 4 OLD KINGS ROAD NORTH
 SUITE B
 PALM COAST, FL 32137

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPINACCI, NICHOLAS 8 CRAFTON COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZZOLA, MICHAEL 278 ROUTE 202 SOMERS, NY 10589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael D. Chiumento 4 Old Kings Road N., Suite B Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Anthony Stagliano 29 Cheyenne Court Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____