

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038994

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SOJA, LLC

**Current Principal Place of Business:**

C/O MICHAEL MAZZOLA  
278 ROUTE 202  
SOMERS, NY 10589

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL MAZZOLA  
278 ROUTE 202  
SOMERS, NY 10589

**New Mailing Address:**

FEI Number: 20-1056291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUPINACCI, NICHOLAS  
Address: 8 CRAFTON COURT  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: MAZZOLA, MICHAEL  
Address: 278 ROUTE 202  
City-St-Zip: SOMERS, NY 10589

Title: MGRM ( ) Delete  
Name: CHIUMENTO, MICHAEL D  
Address: 4 OLD KINGS ROAD N SUITE B  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: STAGLIANO, ANTHONY  
Address: 29 CHEYENNE CRT  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: BHPI CORP.,  
Address: 2344 QUAKER CHURCH ROAD  
City-St-Zip: YORKTOWN, NY 10598

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUPINACCI, NICHOLAS  
Address: 5 SUMMER TERRACE  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL MAZZOLA      MGRM      04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date