

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038994

FILED
Jul 09, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES:

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

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

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

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

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

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

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

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

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

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

MEM

07/09/2008

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