


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000075976

1. Entity Name
TEOJAMA AMERICA GROUP, INC.



Principal Place of Business Mailing Address

**8232 NW 30 TERR
 MIAMI, FL 33122** **8232 NW 30 TERR
 MIAMI, FL 33122**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01082007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-1031353 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARMANDO HERNANDEZ CPA PA 255 ALHAMBRA CIR STE 720 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALO, MANUEL M			NAME			
STREET ADDRESS	255 ALHAMBRA CIR STE 720			STREET ADDRESS	U00000643308		
CITY-STATE-ZIP	CORAL GABLES, FL 33134			CITY-STATE-ZIP	03/01/07-80082-002 150.00		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALO, JACINTO M			NAME			
STREET ADDRESS	255 ALHAMBRA CIR STE 720			STREET ADDRESS			
CITY-STATE-ZIP	CORAL GABLES, FL 33134			CITY-STATE-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALO, MANUEL			NAME			
STREET ADDRESS	255 ALHAMBRA CIR STE 720			STREET ADDRESS			
CITY-STATE-ZIP	CORAL GABLES, FL 33134			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALO, SEBASTIAN			NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE STE 720			STREET ADDRESS			
CITY-STATE-ZIP	CORAL GABLES, FL 33134			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-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 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:  Date: **2/20/07** Dying Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR