## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000075976

1. Entity Name

SIGNATURE:

TEOJAMA AMERICA GROUP, INC.



## FILED Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90024 004 \*\*\*150.00

Daytme Phone #

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Principal Place of Business 8232 NW 30 TERR MIAMI, FL 33122			Mailing Address 8232 NW 30 TERR MIAMI, FL 33122			! #PE((FB) (()		IN 8800 18681 6108	( <b>F</b> ir ( <b>F</b> 11 <b>1 1</b> (1	<b>!   1</b>   1   1   1   1   1   1   1   1						
2. Principal Pl	ace of Busin	ess - No P.O. Box #	3. Mailing Address													
Suite, Apt. #, etc.			Suite. Apt. #, etc.				02012008	Chg-P	CR2E034	(12/06)						
City & State			City & State			4. FEI Numbe			<u> </u>	plied For t Applicable						
Zip		Country	Zip	ip Country			5. Certificate of	of Status Desired	11 -	8.75 Add se Required						
	Registered Agent				7. Name and	Address of New F	Registered Ag	ent								
								•								
ARMANDO HERNANDEZ CPA PA 255 ALHAMBRA CIR STE 720 CORAL GABLES, FL 33134					Street Address (P.O. Box Number is Not Acceptable)											
				}					FL	Zip Code	<b>e</b>					
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, typed	or printed name of registered agent ar	nd title if applicable. (NO)	E: Registered	Agent signature	e required	when reinstating)	·	DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees																
10.	0. OFFICERS AND DIRECTORS 11.						ADDITIONS/0	CHANGES TO OFF	FICERS AND D	IRECTORS	3 IN 11					
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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 requirer or trustee employered 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 att	achment with an address	vith all other like empowered	J.		of the corporation of the requirer of trustee empowered to execute this report as required by Chapter 607, Florida statutes; and that my hame appears in Block 10 of Block 11 in changed, or on an attachment with an address with all other like empowered.										

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR