

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079079

Entity Name: ZAJO ENTERPRISES, INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

15105 KESTRELRISE DR
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

15105 KESTRELRISE DR
LITHIA, FL 33547

New Mailing Address:

FEI Number: 36-4502835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, DAVID
15105 KESTRELRISE DR
LITHIA, FL 33547 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: GOTTLIEB, DAVID
Address: 15105 KESTRELRISE DR
City-St-Zip: LITHIA, FL 33547

Title: MRS () Delete
Name: GOTTLIEB, REBECCA A
Address: 15105 KESTRELRISE DR
City-St-Zip: LITHIA, FL 33547

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MR () Change (X) Addition
Name: THOMAS, GARVEY
Address: 15107 KESTRELRISE DR
City-St-Zip: LITHIA, FL 33547 US

Title: MRS () Change (X) Addition
Name: CONNIE, GARVEY
Address: 15107 KESTRELRISE DR
City-St-Zip: LITHIA, FL 33547 US

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GOTTLIEB

SECY

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date