2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000151471

1. Entity Name
BIJANI INVESTMENTS, INC.

FILED
2007 JUL 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

07202007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
15180 SW 113TH ST MIAMI, FL 33196	15180 SW 113TH ST MIAMI, FL 33196

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2475 Brickell Ave	2475 Brickell Ave
Suite, Apt. #, etc. Apt# 2504	Suite, Apt. #, etc. Apt# 2504
City & State Miami, FL	City & State Miami, FL
Zip 33129 / Country Dade	Zip 33129 / Country Dade

4. FEI Number 14-1941891 — Applied For / 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
FERNANDEZ, FRANCISCO JR. 15180 SW 113TH ST MIAMI, FL 33196	Name: Fernandez, Francisco Jr. Street Address (P.O. Box Number is Not Acceptable): 2475 Brickell Ave Apt# 2504 City: Miami FL Zip Code: 33129

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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	PD ☐ Delete	TITLE	PD ☑ Change ☐ Addition
NAME	FERNANDEZ, FRANCISCO JR.	NAME	Fernandez, Francisco Jr
STREET ADDRESS	15180 SW 113TH ST	STREET ADDRESS	2475 Brickell Ave, Apt# 2504
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	Miami, FL 33129
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	500107464565
CITY-ST-ZIP		CITY-ST-ZIP	08/07/07--01053--003 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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: _____ 7/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #