2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 559378

ntity Name: SAJO TRADING CO., INC.

54 RICHFIELD STREET

City-St-Zip: PLAINVIEW, NY 11803

Address:

FILED Apr 16, 2007 Secretary of State

Entity Nar	ne: Sajo ir	ADING CO.,INC.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
100 SUNRISE AVENUE 610 E			302			
PALM BEA	CH, FL 3348	0	JERICHO,	JERICHO, NY 11753		
Current M	ailing Addres	ss:	New Maili	New Mailing Address:		
380 NORT SUITE 302 JERICHO,		Y				
FEI Number:	59-1871867	FEI Number Applied For ()	FEI Number Not Appl	cable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
222 LAKE\ SUITE 950	N, RONALD E /IEW AVENUI _M BEACH, F	<u> </u>				
	named entity of Florida.	submits this statement for the p	urpose of changing it	s registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (X KRAMER, SAU 100 SUNRISE PALM BEACH,	AVE APT 610E	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD (KRAMER, ROE 1233 N GULFS SARASOTA, FI	TREAM BLVD	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD (RUDY, KATHIE 35 WHITMAN F GREAT NECK,	ROAD	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name:	ST (WALD, LAURE) Delete NCE	Title: Name:	PS (X WALD, LAURE) Change()Addition NCE	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

54 RICHFIELD STREET

City-St-Zip: PLAINVIEW, NY 11803

SIGNATURE: LAURENCE WALD PRES 04/16/2007