# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # F70352

1. Entity Name

NIJEJI, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 860 STATE ROAD 434 NORTH<br>SUITE 7<br>ALTAMONTE SPRINGS FL 32714 | 860 STATE ROAD 434 NORTH<br>SUITE 7<br>ALTAMONTE SPRINGS FL 32714 |

1st MOORE CR2E034 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2374726 ☐ 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 |
|---|---|
| GOODMAN, LAUREN B<br>860 STATE ROAD 434 NORTH<br>SUITE 7<br>ALTAMONTE SPRINGS FL 32714 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GOODMAN, LAUREN B<br>860 SR 434 N STE 7<br>ALTAMONTE SPGS FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>GOODMAN, MICHAEL A.<br>860 SR 434 N STE 7<br>ALTAMONTE SPRGS. FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SV<br>SCOTT, GOLD H<br>860 STATE RD., 434 NORTH, STE 7<br>ALTAMONTE SPGS FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
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03416786-00050-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Lauren B. Goodman, President 3/1/06 407-788-6557