2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # J73086 1. Entity Name S.A.J., INC. Principal Place of Business Mailing Address 8204 WILES ROAD 8204 WILES ROAD CORAL SPRINGS, FL 33067 US CORAL SPRINGS, FL 33067 US 04022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2819599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVY, ARTHUR DO NOT WRITE 8204 WILES ROAD CORAL SPRINGS, FL 33067 IN THIS SPACE 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. 1 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 reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEVY, ARTHUR NAME STREET ADDRESS 8204WILES ROAD U00000294026 _D4/08/05-80052-010 150.00 CITY-ST-ZIP CORAL SPRINGS, FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-51-21P IN THIS SPACE DDF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 ampowered 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED