2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 05, 2006 8:00 am Secretary of State **DOCUMENT #L00884** 06-05-2006 90147 037 ***150.00 1. Entity Name BAJI, INC. 50020614 Principal Place of Business Mailing Address 1010 JANN AVE PO BOX 541696 OPA LOCKA, FL 33054-3326 OPA LOCKA, FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05242006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 65-0145218 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENJAMIN, HUMPHREY Street Address (P.O. Box Number is Not Acceptable) 1010 JANN AVE OPA LOCKA, FL 33054 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD TITLE Delete TITLE Change ■ Addition BENJAMIN, HUMPHREY NAME NAME % 1010 JANN AVE STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP OPA LOCKA, FL ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 UMPHREY BENJAMINI 6.3.06

FILED