

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000091043

1. Entity Name
STAMJA ENTERPRISES, LLC



Principal Place of Business

519 EAST VINE STREET
KISSIMMEE, FL 34744

Mailing Address

519 EAST VINE STREET
KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
35-2243834

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAQUEZ, ORLANDO
2508 SHERBROOK LANE
KISSIMMEE, FL 34743

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Orlando Jaquez
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/12/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
JAQUEZ, ORLANDO A
2508 SHERBROOK LANE
KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
HERRERA, VICTOR R
4472 PHILADELPHIA CIRCLE
KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
ESTAVES, GILBERTO
2519 TEAK STREET
KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000388690
01/20/06-80015-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Orlando Jaquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/12/06
Date

Daytime Phone #