

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001687

FILED  
Mar 18, 2006  
Secretary of State

Entity Name: DORJE NALJORMA INC.

**Current Principal Place of Business:**

1314 E. LAS OLAS BLVD., STE. 1111  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1314 E. LAS OLAS BLVD., STE. 1111  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0926271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE VOSJOLI, PATRICK  
1314 E LAS OLAS BLVD  
SUITE 1111  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DHONDEN, TENZIN  
Address: 825 TEQUESTA ST.  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: DE VOSJOLI, PATRICK  
Address: 1314 E LAS OLAS BLVD SUITE 1111  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: CANCEL, JOYCE  
Address: 818 SW 4TH STREET, APT. 4  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK DEVOSJOLI

D

03/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date