2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001687

CANCEL, JOYCE

1814 RACQUET COURT

NORTH LAUDERDALE, FL 33068

Name:

Address:

City-St-Zip:

FILED Apr 08, 2008 Secretary of State

Entity Name: DORJE NALJORMA INC.					
Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1314 E. LAS OLAS BLVD., STE. 1111 FORT LAUDERDALE, FL 33301			STE. 1111	1314 E. LAS OLAS BLVD. STE. 1111 FORT LAUDERDALE, FL 33301	
Current Ma	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
1314 E. LAS OLAS BLVD., STE. 1111 FORT LAUDERDALE, FL 33301			STE. 1111	1314 E. LAS OLAS BLVD. STE. 1111 FORT LAUDERDALE, FL 33301	
FEI Number:	65-0926271	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DE VOSJOLI, PATRICK 1314 E LAS OLAS BLVD SUITE 1111 FORT LAUDERDALE, FL 33301 US The above period entity submits this statement for the purpose of changing its registered effice or registered agent, as both					
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:					
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DHONDEN, TEN 825 TEQUESTA		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DE VOSJOLI, P 1314 E LAS OL	Delete ATRICK AS BLVD SUITE 1111 DALE, FL 33301	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	D ()	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK DEVOSJOLI 04/08/2008 D