

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000028090

FILED
Sep 09, 2009
Secretary of State**Entity Name:** SJTO2 CORP.**Current Principal Place of Business:**424 CALIGULA AVENUE
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**329 GRANELLO AVE
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 52-2304937**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVE
CORAL GABLES, FL 33146 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: PD () Delete
Name: MENESES, SONIA
Address: 424 CALIGULA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: MASIERO, SILVANA
Address: 424 CALIGULA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: MG () Delete
Name: MASIERO, FRANK A
Address: 424 CALIGULA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DR () Change (X) Addition
Name: MASIERO, LORENZO A
Address: 424 CALIGULA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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

SIGNATURE: FRANK MASIERO

MG

09/09/2009

Electronic Signature of Signing Officer or Director_____
Date