

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2006 8:00 am**  
**Secretary of State**

09-13-2006 90002 016 \*\*\*150.00

<b>DOCUMENT # P01000098287</b> 1. Entity Name <b>SAJODA OF FLORIDA, INC.</b>					
Principal Place of Business <b>ONE TURNBERRY PLACE SUITE 705 19495 BISCAYNE BLVD AVENTURA, FL 33180</b>			Mailing Address <b>ONE TURNBERRY PLACE SUITE 705 19495 BISCAYNE BLVD AVENTURA, FL 33180</b>		
2. Principal Place of Business <b>2999 N.E. 191 St.</b>		3. Mailing Address <b>2999 N.E. 191 St.</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60038880</div>	
Suite, Apt. #, etc. <b>240</b>		Suite, Apt. #, etc. <b>240</b>			
City & State <b>Aventura, FL</b>		City & State <b>Aventura</b>			
Zip <b>33180</b>		Zip <b>33180</b>		Country <b>USA</b>	
4. FEI Number <b>59-3503554</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>EGOZI, BERNARD L C/O IGICOFF, RAGATZ, &amp; KOENIGSTER, P.A. 1101 BRICKELL AVE., STE. 800, S. TOWER MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2999 N.E. 191 St.</b> <b>Ste. 407</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGOZI, LEON <input type="checkbox"/> Delete <b>1 TURNBERRY PL #705 19495 BISCAYNE BLVD AVENTURA, FL 33180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2999 N.E. 191 St., Ste 240 Aventura, FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date <b>9/11/06</b> Daytime Phone # <b>(305) 937-2664</b>		