## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000040105

2501 NE 48 ST.

LIGHTHOUSE POINT, FL 33064

Address:

City-St-Zip:

Entity Name: SUJOY CORP

FILED Mar 29, 2009 Secretary of State

•						
Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
2501 NE 4 LIGHTHOU	8TH ST. USE POINT, FL	33064	US			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
2501 NE 4 LIGHTHOU	8TH ST. USE POINT, FL	33064	US			
FEI Number:	: 02-0591189	FEI Num	ber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
SUJOY, IVAN 1901 HARRISON STREET SUITE 7 HOLLYWOOD, FL 33020 US				SUJOY, MARIO 2501 NE 48TH ST LIGHTHOUSE POINT		
	named entity s e of Florida.	ubmits th	is statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: MARIO SUJOY					03/29/2009	
	Electroni	c Signatu	ire of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fun	d Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () I SUJOY, MARIO 2501 NE 48 ST. LIGHTHOUSE PO		33064	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () I SUJOY, CRISTIN 2501 NE 48 ST. LIGHTHOUSE PO		33064	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () I	Delete IA		Title: Name:	() 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARIO SUJOY PD 03/29/2009