


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90149 039 \*\*\*150.00


<b>DOCUMENT # P02000069099</b>	
1. Entity Name <b>JOGENI MAA CORP.</b>	

Principal Place of Business <b>3248 US HWY SOUTH GREEN COVE SPINGS FL 32043</b>	Mailing Address <b>3248 US HWY SOUTH GREEN COVE SPINGS FL 32043</b>
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2. Principal Place of Business <b>GRAS &amp; BOROY</b>	3. Mailing Address <b>3248 HWY 17 S</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Green Cove Spring</b>	City & State <b>Green Cove Spring</b>
Zip <b>32043</b>	Zip <b>32043</b>
Country <b>FLA</b>	Country <b>FLA</b>

**40064562**



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>JOGENI CORP. 3248 HWY 17 SOUTH GREEN COVE SPRINGS FL 32043</b>	
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4. FEI Number <b>30-0089745</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent Name <b>Andy Dabhi</b> Street Address (P.O. Box Number is Not Acceptable) <b>3248 HWY 17 S</b> City <b>Green Cove Spring</b> <b>FL</b> Zip Code <b>32043</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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P DABHI, ANIL R 1430 WOODLAND VIEW DRIVE ORANGE PARK FL 32003</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** **ANIL DABHI** **ANIL DABHI** **3-28-06** **11:30**