


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000091460 1. Entity Name SAJOI INC.	
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Principal Place of Business 1011 OLETHA CT. APOPKA, FL 32703	Mailing Address 1011 OLETHA CT. APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE

02192005 No Chg-P CR2E034 (10/03)

4. FEI Number 10-2627359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, LORNA
1011 OLETHA CT.
APOPKA, FL 32703

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, LORNA G 1011 OLETHA CT. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTIN, VINCENT M 1011 OLETHA CT. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTIN, SANNA J 1011 OLETHA CT. APOPKA, FL 32703
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Vincent M. Martin **VINCENT MARTIN** 2/18/05 (K07) 694-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #