

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90229 049 ***150.00

DOCUMENT # P03000105662

1. Entity Name
SAJAMAR INVESTMENTS INC.



Principal Place of Business
**2875 NE 191ST ST 801
AVENTURA, FL 33180**

Mailing Address
**2875 NE 191ST ST 801
AVENTURA, FL 33180**

30034333



2. Principal Place of Business

3. Mailing Address

04212005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR 20-085774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J ESQ.
2875 NE 191ST ST 801
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **COHEN HOP, ELIAS**
STREET ADDRESS **2875 NE 191ST ST 801**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME **ACHAR, MOISES**
STREET ADDRESS **2875 NE 191ST ST 801**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME **AMKIE, JACK**
STREET ADDRESS **2875 NE 191ST ST 801**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME **MORAN HERMOSO, MARIA TERESA**
STREET ADDRESS **2875 NE 191ST ST 801**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK AMKIE

04/28/05

Date

(305) 932-6262

Daytime Phone #