

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90204 006 ***150.00



DOCUMENT # P03000105662
 1. Entity Name
SAJAMAR INVESTMENTS INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
20-0851774 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

03202006 Chg-P CR2E034 (11/05)



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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN HOP, ELIAS	
STREET ADDRESS	2875 NE 191ST ST 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACHAR, MOISES	
STREET ADDRESS	2875 NE 191ST ST 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMKIE, JACK	
STREET ADDRESS	2875 NE 191ST ST 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAN HERMOSO, MARIA TERESA	
STREET ADDRESS	2875 NE 191ST ST 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 authorized 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: _____ **JACK AMKIE** **03/20/06**
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #