

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106228 1. Entity Name SBJ HOLDINGS, INC.					
Principal Place of Business C/O DAVID ALLEN WEBSTER 1936 LEE ROAD, STE. 101 WINTER PARK, FL 32789			Mailing Address C/O DAVID ALLEN WEBSTER 1936 LEE ROAD, STE. 101 WINTER PARK, FL 32789		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40070665 	
City & State		City & State		03142006 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 90-0154214	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent W & P SERVICES, INC. 1938 KEE RIAD SUITE 101 WINTER PARK, FL 32789			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 renewing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHARTOUNI, NABIL C/O 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT VAGHADIA, VINOD C/O 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARTOUNI, CAMERON C/O 1936 LEE RD., STE. 101 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPWOOD, CAROL 1936 LEE RD., STE. 101 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: V. VAGHADIA 18 APRIL 2005					