


2004 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

712

07-27-2004 90037 030 ***150.00

DOCUMENT # R03000120246	
1. Entity Name SAJA WHOLESALE INC.	

Principal Place of Business 27534 SKY LAKE CIR WESLEY CHAPEL, FL 33543	Mailing Address 27534 SKY LAKE CIR WESLEY CHAPEL, FL 33543
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66432193



2. Principal Place of Business 8405 Anglers point DR Suite, Apt. #, etc.	3. Mailing Address 8405 Anglers point DR Suite, Apt. #, etc.
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07202004 Chg-P CR2E034 (10/03)

City & State Temple Terrace, FL	City & State Temple Terrace, FL
Zip 33637	Country Hills

4. FEI Number 20-0348968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALQAM, KHALIL
1639 FENSURRY CT
WESLEY CHAPEL, FL 33543**

Name **ODEH, ISSA**
Street Address (P.O. Box Number is Not Acceptable)
8405 ANGLERS POINT DR
TEMPLE TERRACE
City **FL** Zip Code **33637**

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  **ISSA ODEH** **8/9/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

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	D.P ALQAM, KHALIL 1639 FENSURRY CT. WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.VP ODEH, ISSA 27534 SKY LAKE CIR WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  **ISSA ODEH** **8/9/04** **(813) 899-9642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66432193

PO 3000120246

SAJA WHOLESALE INC


27534 SKYLAKE CIR
WESLEY CHAPEL, FL 33543

Dear Sir/ Madam:

Please find attached the 2004 Uniform Business Report and a check for \$150.00. We request that you waive any penalty charged for late filing as this was the first time we file this report and had no prior knowledge of its existence. We also believe that we did not receive a previous notice to alert us to the requirement to pay by a certain date.

Your understanding and consideration will be greatly appreciated.

Sincerely,


Issa Odeh
V. President