2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-18-2005 90710 001 ***150.00
04-18-2005 90710 002 *****8.75
04-18-2005 90710 003 *****8.75
04-18-2005 90710 004 *****5.00

DOCUMENT # P04000058036

1. Entity Name
ASTIBIJANA CORPORATION

Principal Place of Business	Mailing Address
300 RACHELLE AVE.. #121 SANFORD, FL 32771-7921	300 RACHELLE AVE.. #121 SANFORD, FL 32771-7921

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
78 Majorca Drive	78 Majorca Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs FL	City & State: Winter Springs FL
Zip: 32708 Country: United States	Zip: 32708 Country: United States

4. FEI Number: 52-245-9366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GJEORGIEV, JORDAN
300 RACHELLE AVE.. #121
SANFORD, FL 32771-7921

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: Jordan Gjeorgiev 4.18.05.
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GJERGIEV, JORDAN 300 RACHELLE AVE.. #121 SANFORD, FL 327717921	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Jordan Gjeorgiev 4.18.05. 407/327-7062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #