

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 022 ***150.00

DOCUMENT # P04000079607 1. Entity Name MOJUBAH, INC.					
Principal Place of Business 5850 LAKEHURST DR #150-7 ORLANDO, FL 32819			Mailing Address 5850 LAKEHURST DR #150-7 ORLANDO, FL 32819		
2. Principal Place of Business 5850 LAKEHURST DR.		3. Mailing Address 5850 LAKEHURST DR.			
Suite, Apt. #, etc. 240-4		Suite, Apt. #, etc. 240-4			
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32819		Country USA		Zip 32819	
Country USA		4. FEI Number 34-1997945			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MATTOS, NARA H 5850 LAKEHURST DR #150-7 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name MATTOS, NARA H Street Address (P.O. Box Number is Not Acceptable) 5850 LAKEHURST DR. # 240-4 City ORLANDO FL Zip Code 32819		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PSTD MATTOS, NARA H 5850 LAKEHURST DR #150-7 ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MATTOS, NARA H 5850 LAKEHURST DR. # 240-4 ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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	
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	
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	
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: _____ <small>SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>			NARA MATTOS 4/27/2005 (407) 248-0899 <small>Date Daytime Phone #</small>		