

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000019389</b> 1. Entity Name <b>CEDJOAR, INC.</b>			
Principal Place of Business <b>451 E 10 TH COURT HIALEAH, FL 33010</b>		Mailing Address <b>451 E 10 TH COURT HIALEAH, FL 33010</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>520 Brickell Key DR. Suite 0-305 Miami, FL 33131</b>	
Country Zip		Country Zip	
4. FEI Number <b>20-2293614</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DR - STE 0-305 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP	TITLE	P/D
NAME	TEBOUL, CEDRIC	NAME	Baskin, Yuzik
STREET ADDRESS	8877 COLLINS AVENUE APT# 408	STREET ADDRESS	520 Brickell Key Dr. #0-305
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	MIAMI, FL 33131
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P/D	TITLE	
NAME	TEBOUL, ERIC	NAME	
STREET ADDRESS	8877 COLLINS AVENUE APT#408	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		YUZIK BASKIN 5/12/06 3053743800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED  
06 MAY 15 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2293614 Applied For Not Applicable

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

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)

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

10. OFFICERS AND DIRECTORS

TITLE DVP  
 NAME TEBOUL, CEDRIC  
 STREET ADDRESS 8877 COLLINS AVENUE APT# 408  
 CITY-ST-ZIP SURFSIDE, FL 33154 ☒ Delete

TITLE P/D  
 NAME TEBOUL, ERIC  
 STREET ADDRESS 8877 COLLINS AVENUE APT#408  
 CITY-ST-ZIP SURFSIDE, FL 33154 ☒ Delete

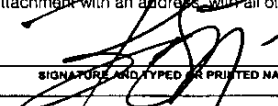
TITLE  
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 CITY-ST-ZIP ☐ Delete

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SIGNATURE:  YUZIK BASKIN 5/12/06 3053743800