


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90074 014 ***150.00

DOCUMENT # P05000091340		
1. Entity Name S.A.J.L. INVESTMENTS, INC.		

Principal Place of Business 5509 W GRAY ST STE 202 TAMPA, FL 33609	Mailing Address 5509 W GRAY ST STE 202 TAMPA, FL 33609
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05042006 Chg-P CR2E034 (11/05)

4. FEI Number 593714164	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 DATO, JOSEPH GARDNER 230 E DAVIS BLVD STE 210 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIGORI, CHRISTOPHER N 5509 W GRAY ST STE 202 TAMPA, FL 33609 <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
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/06 813 2232929
Date Daytime Phone #

ATTACHMENT

4008943 2

CHRISTOPHER N. LIGORI, P.A.

ATTORNEYS AT LAW

PERSONAL INJURY, AUTO ACCIDENTS & WRONGFUL DEATH

CHRISTOPHER N. LIGORI
JOHN V. TRUJILLO, JR

5509 WEST GRAY STREET #202
TAMPA, FL. 33609
TELEPHONE (813) 223.2929
FACSIMILE (813) 289.4109

May 4, 2006

Division of Corporations
Post Office Box 6198
Tallahassee, FL 32314

Re: Christopher N. Ligori, P.A.
Document#P01000024611

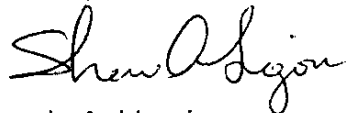
S.A.J.L. Investments, Inc.
Document#P05000091340

Dear Sir or Madam:

Pursuant to my telephone conversation with your office of today, please be advised that I did not receive my Annual Report Notices for the above-referenced documents until yesterday's date. Accordingly, enclosed please find my 2006 Annual Report for both corporations above. I have enclosed my checks in the amount of \$150.00 per document, respectively.

Should you have any questions, please do hesitate to contact me.

Sincerely,



Sherrie A. Ligori

SAL:ger
Enclosure