

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90010 048 ***150.00

DOCUMENT # P05000097023 1. Entity Name SINJIKU SYSTEMS SERVICES, INC.					
Principal Place of Business 5931 W 9TH LANE HIALEAH, FL 33012			Mailing Address 5931 W 9TH LANE HIALEAH, FL 33012		
2. Principal Place of Business 12800 S.W 43 Drive Suite #202 B Miami, Florida 33175 U.S.A		3. Mailing Address 12800 S.W 43 Drive Suite #202 B Miami, Florida 33175 U.S.A			
4. FEI Number 20-3122954		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, ANDERSON 5931 W 9TH LANE HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name LOPEZ, Anderson Street Address (P.O. Box Number is Not Acceptable) 12800 S.W 43 Drive Suite #202-B Miami FL 33175		
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: Sandra Gomez 01/26/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	DPT ☐ Delete GIRALDO, SANDRA G 5931 W 9TH LANE HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ☒ Change ☐ Addition Giraldo, Sandra G. 12800 S.W 43 Drive, Suite #202-B Miami, Florida 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ☐ Delete LOPEZ, ANDERSON 5931 W 9TH LANE HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ☒ Change ☐ Addition Lopez, Anderson 12800 S.W 43 Drive, Suite #202-B Miami, Florida 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Sandra Gomez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 01/26/06 Daytime Phone #		