


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000105188</b>	
1. Entity Name S. VIROJA P.A.	

Principal Place of Business 1041 CASCADE CIRCLE UNIT 201 ROCKLEDGE, FL 32955	Mailing Address 1041 CASCADE CIRCLE UNIT 201 ROCKLEDGE, FL 32955
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**DO NOT WRITE IN THIS SPACE**



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3221103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VIROJA, JAGMOHAN  
 1041 CASCADE CIRCLE UNIT 201  
 ROCKLEDGE, FL FL

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIROJA, JAGMOHAN 1041 CASCADE CIRCLE UNIT 201 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIROJA, RITA 1041 CASCADE CIRCLE UNIT 201 ROCKLEDGE, FL 32955
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 05/24/07-80020-001 150.00

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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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_