2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM Secretary of State

ANNUAL REPORT						Secretary of State			
DOCUMENT # P33576 1. Entity Name LOUJA MANAGEMENT, INC.							ary oi	State	
2240 WOOL SUITE 300	ce of Business BRIGHT ROAD EACH, FL 33426	nz -	Mailing Address 2240 WOOLBRIGHT ROAD SUITE 300 BOYNTON BEACH, FL 33426	บร					
0		WRITE	CE	01192006 No Chg-P CR2E034 (11/05) 4. FEI Nomber Applied For 16-0928765 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and A	ddress of Current Re							
APPIGNANI, LOUIS J % LOUJA REALTY 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426				DO NOT WRITE IN THIS SPACE					
The above the obligat	r named entity submittions of registered ac	its this statement for to gent.	he purpose of changing its registere	ed affice or register	ed agent, or bo	oth, in the State of Flo.	rida. I am Iamīl	iar with, and accep	
SIGNATURE.		ाक्षामा औ रहेवुडिशाइचे बतुसार बतट	titire if applicable. (NGTE: Registere	C Agent signature required	when reinstating)		DATE		
FIL After Ma	E NOWIII FEE ay 1, 2006 Fee	18 \$150.00 will be \$550.00		OO May Be ed to Fees	94/04/06-	1474664 -80029-01	19 150.00		
10.	,	OFFICERS AND DI	RECTORS	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD APPIGNANI, LO 3 GROVE ISLE COCONUT GRO	DR APT 1409							
NAME STREET ADDRESS CHY-ST-JIP									
NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME									

12. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 directive incomposered.

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06 56/-364-5500 Daytine Prione #