## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

SIGNATURE: (

NO DETYT DIA SKUTANO

## **Secretary of State** DOCUMENT # P93000067554 1. Entity Name HO-JA COMMERCIAL, INC. Principal Place of Business Mailing Address 3155 NW 82ND AVENUE 3155 NW 82ND AVENUE SUITE 101 SUITE 101 MIAMI, FL 33166 MIAMI, FL 33166 03152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0448734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reguland 5. Name and Address of Current Registered Agent UNITED STATES REGISTERED AGENTS, INC. DO NOT WRITE 329 GRANELLO AVENUE CORAL GABLES, FL 33146 IN THIS SPACE 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 egent and title if equitorable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 717LE JASON, DORAN'A 3155 NW 82ND AVENUE, STE 101 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 04/04/06-80040-020 50.00 DILE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BBE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZTP TITLE NAME STREET ADDRESS

12. Thereby 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Doran A. JASon

FILED

Mar 20, 2006 08:00 AM

3055927606

Daytime Phone #