2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P94000062968 1. Entity Name 04-05-2006 90154 018 ***150.00 BAJAMAT, INC. Principal Place of Business Mailing Address **20009159** 31755 S.R. 70 EAST P.O. BOX 99 MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 03292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0515435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, ROBERT J JR. DO NOT WRITE 37155 S.R. 70 EAST MYAKKA CITY, FL 34251 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, ROBERT J JR. **4736 ACORN CIRCLE** STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

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2006 FOR PROFIT CORPORATION **ANNUAL REPORT** TTACHMENT #P94000062968 DOCUMENT 1. Entity Name BAJAMAT, INC. Principal Place of Busine Mailing Address 31755 S.R. 70 EAST P.O. BOX 99 50009159 MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 2. Principal Flace of Business 3. Mating Address Suite, Apr. #, etc. Suite, Apt. #, etc. 03302006 CR2E034 (11/05) Che-P City & State City & State 4. FEI Number Applied For 65-0515435 Not Applicable Zip Cduntry Country Zο \$8.75 Additional 5. Certificate of Status Desired Fee Paquired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, ROBERT JUR. Street Address (P.O. Box Number is Not Acceptable) 37155 S.R. 70 FAST MYAKKA CITY, FL 134251 Zip Code 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 Florids. I am familiar with, and accept the obligations of page ed apent. <u>3-30-06</u> SIGNATURE. Signature, typ (NOTE: Registered Agent signature regulred when reinstating) \$5.00 May Be 9. Bection Campaign Financing FILE NOWIII PEÈ IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE 💥 Delote TITLE Addition 🔲 SMITH, ACBERT JUR. NAME RANE STREET ADDRESS 4736 ACORN CIRCLE STREET ADDRESS CTY-ST-ZP SARASOTA, FL 34233 CITY-51-21P THE Delete Change TITLE ■ Adolfion NAME NAME STREET ADDRESS STREET AUDRESS Cify-ST- ZP CITY-ST-ZIP ☐ Delate TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Celete TITLE Change □ Acdition NAME NAVE STREET ADDRESS STIRLE I AUUNESS SITY-ST-ZP CITY-\$1-ZP Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP OTY-ST-ZIP TITLE Calete TITLE ☐ Charge ☐ Addition MAKE NAME ETREET ADORESO STREET ADDRESS CITY-6T-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 the and accurate and that my signature shall have the same legat effect as if notice under outh; 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 employment with an address, with all other like empowered. SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jare Dayime Prez a a