2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P95000042726 1. Entity Name SOJO TAMPA, INC. Principal Place of Business Mailing Address 2010 E BUSCH BLVD 13514 AVISTA DRIVE TAMPA, FL 33612 TAMPA, FL 33624 CR2E034 (11/05) 04252006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3326236 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SABEL, THERESA DO NOT WRITE 13514 AVISTA DRIVE **TAMPA, FL 33624** 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 it applicable. (NOTE, Registered Agent signature required when reinstating) DATE U00000556309 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 05/17/06-80004-**010** 15**0.00** Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DTLF MALLE SABEL, DAVID STREET ADDRESS 13514 AVISTA DRIVE CITY-ST-ZIP TAMPA, FL 33624 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 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

8/3-334-270

Deytime Phone #

FILED