


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90851 033 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P95000042726</b>            |  |
| 1. Entity Name<br><b>SOJO TAMPA, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>2010 E BUSCH BLVD<br/>TAMPA, FL 33612</b> | Mailing Address<br><b>13514 AVISTA DRIVE<br/>TAMPA, FL 33624</b> |
|---|--|

40093746



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>2010 E Busch Blvd</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                            |

04252007 Chg-P CR2E034 (12/06)

|              |                                 |
|--------------|---------------------------------|
| City & State | City & State<br><b>Tampa FL</b> |
| Zip          | Zip<br><b>33612</b>             |
| Country      | Country                         |

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3326236</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SABEL, THERESA<br/>13514 AVISTA DRIVE<br/>TAMPA, FL 33624</b> |  | 7. Name and Address of New Registered Agent        |  |
|   |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City<br><b>FL</b> 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 Florida. I am familiar with, and accept the obligations of registered agent.

|  |   |
|--|---|
| SIGNATURE _____  | DATE _____  |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br><b>SABEL, DAVID</b><br><b>13514 AVISTA DRIVE</b><br><b>TAMPA, FL 33624</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>13613 Lytton Way</b><br><b>Tampa FL 33624</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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.

|   |                      |                     |                                |
|---|----------------------|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  | <b>David L Sabel</b> | <b>4-27-07</b>      | <b>813 935-6677</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     |                      | <small>Date</small> | <small>Daytime Phone #</small> |