


**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000040300</b>			
1. Entity Name ROJAM INC.			
Principal Place of Business 1210 SW 25TH PLACE BOYNTON BEACH, FL 33426		Mailing Address 1210 SW 25TH PLACE BOYNTON BEACH, FL 33426	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04062007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0672967	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			
KLINGER, RAFAEL M 1210 SW 25TH PLACE BOYNTON BEACH, FL 33426		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		CEOP KLINGER, RAFAEL M. 1210 SW 25 PL BOYNTON BEACH, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		C KLINGER, RAFAEL M 1210 SW 25 PL BOYNTON BEACH, FL	
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rafael M. Klinger</i>		4/15/07 561-738-0068	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	