2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2008 08:00 AN Secretary of State DOCUMENT # S57724 1. Entity Name SAJOCARTAM, INC. Principal Place of Business Mailing Address 580 11TH ST. NO. 580 11TH ST. NO. NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0258339 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARDENAS, SALOMON J. Street Andress (P.O. Box Number is Not Acceptable) 580 11TH ST. NO. NAPLES FL 34102 City 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 Squittes typed or prevention or of log streed agent and the Emphicable DATE (NOTE: Repistered Apertic hipstorn required when cointrible a FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPTS TITLE Defete Defete TITLE Change Addition CARDENAS, SALOMON J NAME NAME STREET ADDRESS 580 11TH ST. NO. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP TITLE 04/02/08-80003-01 **in 6566** 00m Addition Derete TITLE CARDENAS, SALOMON J NAME STREET ADDRESS 580 11TH ST N STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CHY-SI-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change ☐ Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CUTY-SE-ZIP ☐ Delete TITI E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

SNOWN S, CARDENAS

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED