2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700002367

Principal Place of Business

EJH ENTERPRISES, INC.

Mailing Address

9700 TAVERNIER DRIVE BOCA RATON, FL 33496 9700 TAVERNIER DRIVE BOCA RATON, FL 33496





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DO NOT WRITE IN THIS SPACE

07072008 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 65-0720500

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLANDER, JOEL 9700 TAVERNIER DRIVE BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

BOOKTON, TE GOTOO			IN THIS SPACE	
the obligat	tions of registered agent.		 ed office or registered agent, o	r both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and t	title if applicable. (NOTE: Registere	d Agent signature required when reinstating	DATE
		9. Election Campaign Final Trust Fund Contribution.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIR	RECTORS	I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL-HOLLANDER, EDNA 9700 TAVERNIER DRIVE BOCA RATON, FL 33496			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDER, JOEL 9700 TAVERNIER DRIVE BOCA RATON, FL 33496			U00000956986 08/04/08-80004-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:.			
TITLE NAME	- '			

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

HOLLANDER 8-1-0

561 482-1520

Daytime Phone