


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000015331

1. Entity Name
ABC DJS, INC.



Principal Place of Business 14286-19 BEACH BLVD #279 JACKSONVILLE, FL 32250	Mailing Address 14286-19 BEACH BLVD #279 JACKSONVILLE, FL 32250
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3426946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, ROBERTO
 13700 SUTTON PARK DR. N.
 #1325
 JACKSONVILLE, FL 32224**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	FERNANDEZ, ROBERTO 13700 SUTTON PARK DR. N. #1325 JACKSONVILLE, FL 32224
TITLE VP	FERNANDEZ, ARPANA 13700 SUTTON PARK DR. N. #1325 JACKSONVILLE, FL 32224
TITLE S	FERNANDEZ, ROBERTO 13700 SUTTON PARK DR. N. #1325 JACKSONVILLE, FL 32224
TITLE T	FERNANDEZ, ARPANA 13700 SUTTON PARK DR. N. #1325 JACKSONVILLE, FL 32224
TITLE NAME	
TITLE NAME	

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 02/04/04-80136-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/27/04** **904-616-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #