


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90227 037 ***150.00

DOCUMENT # P97000015331

1. Entity Name
ABC DJS, INC.



Principal Place of Business Mailing Address

14286-19 BEACH BLVD #279 JACKSONVILLE FL 32250 **14286-19 BEACH BLVD #279 JACKSONVILLE FL 32250**

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2. Principal Place of Business 3. Mailing Address

1020 Beckingham DR. **1020 Beckingham DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State City & State 4. FEI Number Applied For

Saint Augustine FL **Saint Augustine FL** **59-3426946** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

32092 USA **32092 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name **ROBERTO FERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)

1020 Beckingham DR.

City **Saint Augustine FL** Zip Code **32092**

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:  **ROBERTO FERNANDEZ** **2/21/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ROBERTO	NAME	ROBERTO FERNANDEZ
STREET ADDRESS	13700 SUTTON PARK DR. N. #1325	STREET ADDRESS	1020 BECKINGHAM DR
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	ST. AUGUSTINE FL 32092
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ARPANA	NAME	ARPANA FERNANDEZ
STREET ADDRESS	13700 SUTTON PARK DR. N. #1325	STREET ADDRESS	1020 BECKINGHAM DR
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	ST. AUGUSTINE FL. 32092
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NAME	FERNANDEZ, ARPANA	NAME	ROBERTO FERNANDEZ
STREET ADDRESS	13700 SUTTON PARK DR. N. #1325	STREET ADDRESS	1020 BECKINGHAM DR.
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	ST. AUGUSTINE FL 32092
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ROBERTO FERNANDEZ** **2/21/05** **904-616-8700**

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