

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90257 009 ***150.00

DOCUMENT # P97000068526
1. Entity Name O.J.F. Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2460 Hollywood Blvd. Suite, Apt. #, etc. Suite 117 City & State Hollywood, FL Zip 33020	3. Mailing Address 13727 S.W. 152nd St. Suite, Apt. #, etc. PMB 354 City & State Miami, FL Zip 33177-1106
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0772445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Fiol, Octavio J.	
Street Address (P.O. Box Number is Not Acceptable) 2460 Hollywood Blvd.	
City Hollywood	Zip Code FL 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Fiol, Octavio J. 2460 Hollywood Blvd., Suite 117 Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Octavio J. Fiol

954-929-4215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #