
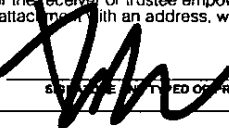


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90158 038 ***150.00

DOCUMENT # 337534 1. Entity Name DAR-JE, INC.			
Principal Place of Business 3121 W HALLANDALE BEACH BLVD STE 110 PEMBROKE PARK, FL 33009 US		Mailing Address 3121 W HALLANDALE BEACH BLVD STE 110 PEMBROKE PARK, FL 33009 US	
2. Principal Place of Business - No P.O. Box # 2838 N.E. 187 St. Suite, Apt. #, etc.		3. Mailing Address 2838 N.E. 187 St. Suite, Apt. #, etc.	
City & State Aventura, FL Zip 33180		City & State Aventura Zip 33180	
4. FET Number 59-1224858		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DVOOR, DARREN 3121 W HALLANDALE BEACH BLVD STE 110 PEMBROKE PARK, FL 33009		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Applicable) 2838 N.E. 187 St. City Aventura FL Zip 33180	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD DVOOR, SHEILA STREET ADDRESS 3121 W HALLANDALE BEACH BLVD STE 110 CITY-ST-ZIP PEMBROKE PARK, FL 33009	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2838 N.E. 187 St. Aventura, FL 33180
TITLE	PD DVOOR, HENRY L STREET ADDRESS 3121 W HALLANDALE BEACH BLVD STE 110 CITY-ST-ZIP PEMBROKE PARK, FL 33009	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2838 N.E. 187 St. Aventura, FL 33180
TITLE	ST DVOOR, DARREN STREET ADDRESS 3121 W HALLANDALE BEACH BLVD STE 110 CITY-ST-ZIP PEMBROKE PARK, FL 33009	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2838 N.E. 187 St. Aventura, FL 33180
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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: 		Date 3/30/07 Daytime Phone # 305-931-4114	