

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90030 004 \*\*\*150.00

<b>DOCUMENT # J11356</b> 1. Entity Name <b>EDJ SERVICE, INC.</b>			
Principal Place of Business <b>4861 SW 106 AV FORT LAUDERDALE, FL 33328</b>		Mailing Address <b>4861 SW 106TH AVENUE FT. LAUDERDALE, FL 33328</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1700 SW 68 Ave</b> Suite, Apt. #, etc.	
City & State		City & State <b>PLANTATION, FL.</b>	
Zip <b>33317</b>	Country	Zip <b>33317</b>	Country
6. Name and Address of Current Registered Agent  <b>PAGNI, EVELYN R. 1700 S.W. 68TH AVE. PLANTATION, FL 33317</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete <b>PAGNI, EVELYN R. 1700 S.W. 68TH AVE. PLANTATION, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: <b>3/13/05</b> Daytime Phone #: <b>954791-4167</b>	

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