'2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J11356

1. Entity Name
EDJ SERVICE, INC.

Principal Place of Business	Mailing Address
4861 SW 106 AV FORT LAUDERDALE, FL 33328	1700 SW 68 AVE FORT LAUDERDALE, FL 33317

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2818923	Not Applicable

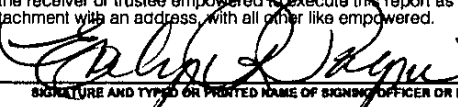**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

PAGNI, EVELYN R.
1700 S.W. 68TH AVE.
PLANTATION, FL 33317

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000632817 04/05/07-80018-013 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	PAGNI, EVELYN R.	
STREET ADDRESS	1700 S.W. 68TH AVE.	
CITY-ST-ZIP	PLANTATION, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _____   3/26/07   954 791-4167

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