

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 002 ***150.00

DOCUMENT # J95362

1. Entity Name
D. J. INVESTMENTS INC.



Principal Place of Business
% ELEANOR JOSEPHS
9780 KILGONE RD.
ORLANDO, FL 32836

Mailing Address
9780 KILGONE RD
ORLANDO, FL 32836-5706

20001233



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3021715

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SYED, AZFAR H
423 WEST VINE ST.
KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOSEPHS, D.
STREET ADDRESS 9780 KILGONE RD
CITY-ST-ZIP ORLANDO, FL 32836

TITLE S
NAME JOSEPHS, ELEANOR
STREET ADDRESS 9780 KILGONE RD
CITY-ST-ZIP ORLANDO, FL 32836

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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: Delroy Josephs 1/11/06 407 396-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #