

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000006155



1. Entity Name
DJS ENTERPRISES LLC

Principal Place of Business
8211 W. BROWARD BLVD., STE. 375
PLANTATION, FL 33324

Mailing Address
PO BOX 43
BOCA RATON, FL 33429



02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2673606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAIMI, JOHN QUEMARS
8211 W. BROWARD BLVD., STE. 375
PLANTATION, FL 33324

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NAIMI, JOHN QUEMARS
STREET ADDRESS	8211 W. BROWARD BLVD #375
CITY-ST-ZIP	MGRM, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UD00000666367
03/23/07-80068-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

J. Naimi

3/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #