

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90013 036 \*\*\*150.00

**DOCUMENT # M06712**

1. Entity Name

EJM MANAGEMENT SERVICES, INC.



Principal Place of Business

1000 PONCE DE LEON BLVD, STE 100  
CORAL GABLES FL 33134

Mailing Address

1000 PONCE DE LEON BLVD, STE 100  
CORAL GABLES FL 33134

*As of 2/18/06, will be:*

2. Principal Place of Business

1505 Fort Clarke Blvd.

3. Mailing Address

1505 Fort Clarke Blvd.

Suite, Apt. #, etc.

#04-205

Suite, Apt. #, etc.

#04-205

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2454290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORALES, JOSE E.  
1000 PONCE DE LEON, STE 100  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Jose E. Morales

Street Address (P.O. Box Number is Not Acceptable)

1505 Fort Clarke Blvd.

#04-205

City

Gainesville

FL

Zip Code

32606

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORALES, JOSE E.	
STREET ADDRESS	1000 PONCE DE LEON BLVD, CRT 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MORALES, EDUARDO J	
STREET ADDRESS	1000 PONCE DE LEON BLVD, #100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORALES, ANA MELINDA	
STREET ADDRESS	1756 North Bayshore Drive #3-J	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1505 FT. Clarke Blvd., #04-205
CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1505 FT. Clarke Blvd. #04-205
CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 Section 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:

Jose E. Morales

2/17/06

(305) 479-9295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #