2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# N08000001107

Entity Name: DSJ FOUNDATION INC.

Current Principal Place of Business:

1140 NE 163RD STREET #22
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1140 NE 163RD STREET #22
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 32-0232867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST JEAN, DONARD PRES.
15811 NE 15TH AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ST JEAN, DONARD PRES
Address: 15811 NE 15TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VP ( ) Delete
Name: ST JEAN, MARIE M VP
Address: 15811 NE 15TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: SEC. ( ) Delete
Name: SANON, GARRY SECRET.
Address: 5604 GLASS DR
City-St-Zip: PENSACOLA, FL 32505 US

Title: TR. ( ) Delete
Name: FARAH, DESROSIERS TREASU.
Address: 15399 NE 6TH AVE APT A303
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ST JEAN DONARD PRES 03/14/2009

Electronic Signature of Signing Officer or Director — Date