2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 10, 2005 08:00 A DOCUMENT # P01000010400 **Secretary of State** 1. Entity Name DJS INVESTMENTS, INC. Principal Place of Business Mailing Address P.O. BOX 43 P.O. BOX 43 BOCA RATON, FL 33429 BOCA RATON, FL 33429 No Chg-P 01052005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1074491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TALERICO, DINA M DO NOT WRITE C/O LERNER & KLISTON, CPA 8211 W BROWARD BLVD, STE 375 IN THIS SPACE PLANTATION, FL 33324 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 1 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME TALERICO, DINA M STREET ADDRESS 8211 W BROWARD BLVD, STE 375 *U00000177170* CITY-ST-ZIP PLANTATION, FL 33324 01/11/05-80025-022 150.00 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 lihe receiveryor flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DINA M. TALERICO 1-5-05 561-852-9917