


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000048973	
1. Entity Name FERJI, CORP.	

Principal Place of Business P.O. BOX 560854 MIAMI, FL 33256-0854	Mailing Address 7695 SW 154th St Miami, FL 33157-2481
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**DO NOT WRITE IN THIS SPACE**

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1137877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FERNANDEZ, PEDRO 7695 S.W. 154TH ST. MIAMI, FL 33157	<b>DO NOT WRITE IN THIS SPACE</b>

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 Wanda Fernandez DATE 4-12-05

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, PEDRO P.O. BOX 560854 MIAMI, FL 332560854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, WANDA P.O. BOX 560854 MIAMI, FL 332560854
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04/14/05-80020-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wanda Fernandez DATE 4-12-05 (305) 926-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR