


02-03

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 23 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118414	
1. Entity Name EJR VENTURES INC	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 7710 SOUTH US HWY 1	3. Mailing Address 7710 SOUTH US HWY 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PT ST LUCIE FL	City & State PT ST LUCIE FL	4. FEI Number 52-2363213	Applied For Not Applicable
Zip 34952	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name EDWARD J ROSSARIO	
	Street Address (P.O. Box Number is Not Acceptable) 7710 SOUTH US HWY 1	
	City PT ST LUCIE	FL Zip Code 34952

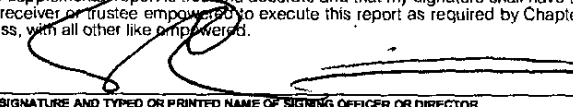
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  N/A DATE 060403

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWARD J ROSSARIO 7710 SOUTH US HWY 1 PT ST LUCIE FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100021080241 06/23/03--01056--007 **300.00
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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)(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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  060403 772-293-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/02)

j 6/23