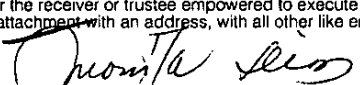


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90048 001 ***150.00

DOCUMENT # P01000120659 1. Entity Name OJ & M INVESTMENTS, CORP.					
Principal Place of Business 3891 E. 9 CT HIALEAH, FL 33013				Mailing Address 3891 E. 9 CT HIALEAH, FL 33013	
2. Principal Place of Business 5210 S.W. 201 Terrace		3. Mailing Address 5210 S.W. 201 Terrace			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State S. West Ranches F.		City & State S. W. Ranches F.		4. FEI Number 01-0559579	
Zip 33332		Country Broward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASTER, RODRIGO S DR. 435 HIALEAH DR STE 11 HIALEAH, FL 33010				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, OMAR J 3891 E 9 CT HIALEAH, FL 33013 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5210 S.W. 201 Terrace South West Ranches F. 33332 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, JUANITA 3891 E 9 CT HIALEAH, FL 33013 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5210 S.W. 201 Terrace South West Ranch F. 33332 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 3/14/05 Daytime Phone # (305) 336-7811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					