

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90020 027 ***150.00

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1. Entity Name
OJ & M INVESTMENTS, CORP.



Principal Place of Business
**5210 SW 201 TERRACE
SOUTH WEST RANCHES, FL 33332**

Mailing Address
**5210 SW 201 TERRACE
SOUTH WEST RANCHES, FL 33332**

00010348



03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0559579	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

**BASTER, RODRIGO S DR.
435 HIALEAH DR STE 11
HIALEAH, FL 33010**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ, OMAR J
STREET ADDRESS	5210 SW 201 TERRACE
CITY - ST - ZIP	SOUTH WEST RANCHES, FL 33332

TITLE	TD
NAME	DIAZ, JUANITA
STREET ADDRESS	5210 SW 201 TERRACE
CITY - ST - ZIP	SOUTH WEST RANCHES, FL 33332

TITLE	VP
NAME	DIAZ, MARLON
STREET ADDRESS	5210 SW 201 TERRACE
CITY - ST - ZIP	SOUTH WEST RANCHES, FL 33332

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/06 (305) 336-7811