2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P02000011302** 04-26-2004 90517 038 ***158.75 1. Entity Name DGJL HOLDINGS, INC. 54040634 Principal Place of Business Mailing Address 2200 NW 15TH AVE. 2200 NW 15TH AVE. POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 No Chg-P CR2E034 (10/03) 04232004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3017943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANDIS, DEVIN DO NOT WRITE 2200 NW 15TH AVE. POMPANO BEACH, FL 33069 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 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. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITI F GRANDIS, DEVIN STREET ADDRESS 2200 NW 15TH AVE. CITY-ST-ZIE POMPANO BEACH, FL 33069 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing coarnot 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 counter 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 expect 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 additional management of the composition of the compositi

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED