

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-26-2007 90058 019 ***150.00

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1. Entity Name
E.J.M. ENTERPRISES, INC.



Principal Place of Business
**5564 NW MECCA DR
PORT SAINT LUCIE, FL 34986**

Mailing Address
**5564 NW MECCA DR
PORT SAINT LUCIE, FL 34986**



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0678363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

C. Name and Address of Current Registered Agent

**NOFIL, JOSEPH K
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

**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 Erneiso morales - Henrys morales 3-28-07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **MORALES, ERNEISO**
STREET ADDRESS **5564 NW MECCA DR**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE **V**
NAME **ACOSTA, JACQUELINE**
STREET ADDRESS **5564 NW MECCA DR**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

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**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: Henrys morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07
Date Daytime Phone #