2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000025520

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

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

DO NOT WRITE IN THIS SPACE

03072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0678363	Not Applicable

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

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6. Name and Address of Current Registered Agent

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

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

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2008 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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/02/08-80026-009 150.00

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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: Erneiso morales   3-11-08   772-607.2094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #