2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025520

FILED Mar 10, 2009 Secretary of State

Entity Name: E.J.M. ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 5564 NW MECCA DR PORT SAINT LUCIE, FL 34986 **Current Mailing Address: New Mailing Address:** 5564 NW MECCA DR PORT SAINT LUCIE, FL 34986 FEI Number: 02-0678363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOFIL, JOSEPH K MORALES, ERNEISO 3284 NORTH STATE ROAD 7 5564 NW MECCA DR LAUDERDALE LAKES, FL 33319 US PORT SAINT LUCIE, FL 34986 US 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. SIGNATURE: ERNEISO MORALES 03/10/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MORALES, ERNEISO Name: Name: 5564 NW MECCA DR Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ACOSTA, JACQUELINE Name: 5564 NW MECCA DR Address: Address: PORT SAINT LUCIE, FL 34986 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEISO MORALES **OFFI** 03/10/2009