04-02-2004 90042 026 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -2 AM 10:45

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061415

1. Entity Name
DJG CONSULTING, INC.

Principal Place of Business	Mailing Address
100 WATERWAY RD A 304 TEQUESTA, FL 33469	100 WATERWAY RD A 304 TEQUESTA, FL 33469

03252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
100 WATERWAY ROAD		100 WATERWAY ROAD	
Suite, Apt. #, etc.: A 304		Suite, Apt. #, etc.: A 304	
City & State: TEQUESTA, FL		City & State: TEQUESTA, FL	
Zip: 33469	Country: PALM BEACH	Zip: 33469	Country: PALM BEACH

4. FEI Number 75-3116306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GENTILLE, DORIS
100 WATERWAY RD A 304
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GENTILLE, DORIS		NAME		
STREET ADDRESS	100 WATERWAY RD A 304		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not 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 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: Doris Gentille 3-30-04 561 746 7329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/2 AD