

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-28-2004 90289 046 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000092648			
1. Entity Name DJM INC.			
Principal Place of Business 3300 NORTH MIAMI AVENUE MIAMI, FL 33127		Mailing Address 10245 LARENA DRIVE DELRAY BEACH, FL 33446	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-0172805	
		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required ☐	
6. Name and Address of Current Registered Agent KHAN, MATIUR R 5181 SW 14TH STREET PLANTATION, FL 33317		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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NUMBER FEE IS \$150.00 After May 1, 2004 Fee will be \$200.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KHAN, MOHAMMED D 10245 LARENA ROAD DELRAY BEACH, FL 33446 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOHAMMED SOHID 11251 Coral Key Dr Boca Raton FL 33498 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NATH, SUDHIR C 17820 SW 146TH COURT MIAMI, FL 33177 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KHAN, MATIUR R 5181 SW 14TH STREET PLANTATION, FL 33317 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: <i>Sudhir C Nath</i>		4/20/04 984-520-0822	