2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P03000117669** 1. Entity Name 04-16-2004 90024 019 ***150.00 DJM VENTURES, INC. Principal Place of Business Mailing Address 5330 SPRING HILL DRIVE 1975 NW 18TH STREET JYUUYUUW POMPANO BEACH, FL 33069 SUITE C SPRING HILL, FL 34606 2. Principal Place of Business 3. Mailing Address 7241 - NW 43rd Ave, P.O. BUX 970438 Suite, Apt. #, etc. Suite. Apt. #, etc. 03312004 CR2E034 (10/03) City & State City & State 4. FEI Number 20-0322410 Applied For Coconut Creek Coconut Creek Not Applicable 33097 \$8.75 Additional US 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELIZA BETH J. MURRAY MURRAY, ELIZABETH J Street Address (P.O. Box Number is Not Acceptable) 7241 NW 43rd Avenue 5330 SPRING HILL DRIVE SUITE C SPRING HILL, FL 34606 Coconus Creek 8. The above named unity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Lam familiar with, and accept the obligation 4-10-04 SIGNATURE printed name of registered agent a (NOTE: Registered Agent signstore required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE 7241 NW 43rd Avenue MURRAY, ELIZABETH J NAME NAME STREET ADDRESS 5330 SPRING HILL DRIVE SUITE C STREET ADDRESS COCONUL Creek FZ 33073 Change Addition 7241 NW 43rd Avenue CITY-ST-ZIP SPRING HILL, FL 34606 CITY-ST-ZIP VΡ TITLE Delete TITLE MURRAY, DOUGLAS E NAME NAME STREET ADDRESS 5330 SPRING HILL DRIVE SUITE C STREET ADDRESS Cocon H Creek FL 33073 CITY-ST-ZIP SPRING HILL, FL 34606 CITY-ST-ZIP THILE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP City-St-ZiP TITLE Dolete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-ZIP 12. Thereby 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 in 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 attactment of the corporation of the SIGNATURE: ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED