## 2007 FOR PROFIT CORPORATION

## FILED Feb 16, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P03000157838** 1. Entity Name D.J.C.I. INC. Principal Place of Business Mailing Address **5008 ALAVISTA DR 5008 ALAVISTA DR** ORLANDO, FL 32837 ORLANDO, FL 32837 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN Applied For 4. FEI Number 58-2680390 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMNARINE, DAMODAR DO NOT WRITE 5008 ALAVISTA DR ORLANDO, FL 32837 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000640206 NAME RAMNARINE, DAMODAR 5008 ALAVISTA DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 TITLE

## DO NOT WRI IN THIS SPA

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADORESS CITY-ST-ZIP TITLE