

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-17-2005 90032 023 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000077211			
1. Entity Name DJ LIQUIDATORS, INC.			
Principal Place of Business 15341 SW 80TH LANE MIAMI FL 33193		Mailing Address 15341 SW 80TH LANE MIAMI FL 33193	
2. Principal Place of Business 15341 SW 80 LANE Suite, Apt. #, etc.		3. Mailing Address 15341 SW 80 LANE Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, Florida	
4. FEI Number 201128876		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BALBIN, GIAMMY 15341 SW 80TH LANE MIAMI FL 33193		7. Name and Address of New Registered Agent	
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: <i>[Signature]</i> DATE: 2/11/05	
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BALBIN, GIAMMY 15341 SW 80TH LANE MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/11/05 Daytime Phone #: 786-299-1664	