

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90083 004 ***158.75

DOCUMENT # P04000090244					
1. Entity Name D.J.M. MANAGEMENT, INC.					
Principal Place of Business 800 WEST AVE - STE C-1 MIAMI BEACH, FL 33139			Mailing Address 800 WEST AVE - STE C-1 MIAMI BEACH, FL 33139		
2. Principal Place of Business 1550 N. VIEW DR.			3. Mailing Address 1550 N. VIEW DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI BEACH, FL			City & State MIAMI BEACH, FL		
Zip 33139		Country USA		4. FEI Number 20-1290266	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KROOP, RICHARD 800 WEST AVE - STE C-1 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name: DAN MARTINCAK Street Address (P.O. Box Number is Not Acceptable): 1550 N. VIEW DR. City: MIAMI BEACH FL Zip Code: 33139	
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:					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MARTINCAK, DAN 1550 N VIEW DR MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAN MARTINCAK, LAUREN 1550 N. VIEW DR. MIAMI BEACH, FL 33139	
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	
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)(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:			3.22.05 305.409.0992		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

00031614



03182005 Chg-P CR2E034 (10/03)

\$8.75 Additional Fee Required