

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90152 037 \*\*\*158.75

<b>DOCUMENT # P04000090244</b>					
<b>1. Entity Name</b> D.J.M. MANAGEMENT, INC.					
<b>Principal Place of Business</b> 1550 N VIEW DR MIAMI BEACH, FL 33139			<b>Mailing Address</b> 1550 N VIEW DR MIAMI BEACH, FL 33139		
<b>2. Principal Place of Business - No P.O. Box #</b> 4700 LAKE ROAD		<b>3. Mailing Address</b> 4700 LAKE ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI Florida		<b>City &amp; State</b> MIAMI FLORIDA		<b>4. FEI Number</b> 20-1290266	
<b>Zip</b> 33137		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARTINCAK, DAN J 1550 N VIEW DR MIAMI BEACH, FL 33139			<b>7. Name and Address of New Registered Agent</b> Name: MARTINCAK, DAN J Street Address (P.O. Box Number is Not Acceptable): 4700 LAKE ROAD City: MIAMI FL Zip Code: 33137		
<b>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.</b> SIGNATURE: <u><i>Daniel J. Martinca</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARTINCAK, DANIEL J 1550 N VIEW DR MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINCAK, LAUREN 1550 N VIEW DR MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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 if changed, or on an attachment with an address, with all other like empowered.</b>			SIGNATURE: <u><i>Daniel J. Martinca</i></u> <span style="float: right;">305 409-0982</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date: 4/27/08 Daytime Phone #</span>		