2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90062 010 ***150.00

DOCUMENT # P04000154627

1. Entity Name
EJDM INVESTMENTS, CORP.

40041167

Principal Place of Business	Mailing Address
10050 NW 116 WAY, SUITE 18 MIAMI, FL 33178	10050 NW 116 WAY, SUITE 18 MIAMI, FL 33178

02012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
10760 N W 123 STREET		10760 N W 123 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: miami, FL		City & State: miami, FL	
Zip: 33178	Country: USA	Zip: 33178	Country: USA

4. FEI Number: 20-1877132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, MARIO I
GUZMAN & GUZMAN, P.A.
9130 S. DADELAND BLVD, SUITE #1504
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 9130 S. DADELAND BLVD. SUITE 1600

City: miami FL Zip Code: 33156

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P HALLPERN, CESAR 10050 NW 116 WAY SUITE 18 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P HALPERN, CESAR 10760 NW 123 STREET miami, FL. 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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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 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.

SIGNATURE: [signature] CESAR HALPERN PRESIDENT 02-26-07 305 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #