


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000035632</b> 1. Entity Name D.J.F. ENTERPRISES, INC.	
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Principal Place of Business 2000 N CONGRESS LOT 68 WEST PALM BEACH, FL 33409	Mailing Address 2000 N CONGRESS LOT 68 WEST PALM BEACH, FL 33409
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03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2477233</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

JOHN PORTER ACCOUNTING  
400 S FED HWY STE 404  
BOYNTON BEACH, FL 33435

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE	P,VP
NAME	FOURNIER, DENIS J
STREET ADDRESS	2000 N CONGRESS LOT 68
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
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04/06/07-80047-017 150.00

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IN THIS SPACE**

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: Denis J Fournier 2-29-07 564 424-1024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #