

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90317 011 ***150.00

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DOCUMENT # P05000153498					
1. Entity Name D&J ONLINE COMMERCE SOLUTIONS, INC.					
Principal Place of Business 4220 NE 25TH AVE FT. LAUDERDALE, FL 33308			Mailing Address 4220 NE 25TH AVE FT. LAUDERDALE, FL 33308		
2. Principal Place of Business 4717 N.E. 12th Avenue <small>Suite, Apt. #, etc.</small>			3. Mailing Address 4717 N.E. 12th Avenue <small>Suite, Apt. #, etc.</small>		
City & State Oakland Park, Florida			City & State Oakland Park, Florida		
Zip 33334		Country Broward	Zip 33334		Country Broward
6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name David Benson Street Address (P.O. Box Number is Not Acceptable) 4717 N.E. 12th Avenue City Oakland Park FL Zip Code 33334		
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: JOEL S. FOX 4-3-06 <small>Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P BENSON, DAVID 4220 NE 25TH AVE FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FOX, JOEL 4220 NE 25TH AVE FT. LAUDERDALE, FL 33308	<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			
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: JOEL S. FOX 4-3-06-954-938-3440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					