2008 FOR PROFIT CORPORATION Mar 06, 2008 08:00 A **ANNUAL REPORT** Secretary of State **DOCUMENT # P06000130942** Entity Name DJS PROPERTY MANAGEMENT GROUP CORP Principal Place of Business Mailing Address 672 E HALLANDALE BEACH BLVD **672 E HALLANDALE BEACH BLVD** HALLANDALE, FL 33009 HALLANDALE, FL 33009 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-5741163 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHEEMA, BALWANT CPA DO NOT WRITE 8301 NW 197TH STREET MIAMI, FL 33015 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

				-
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE				
une cong	alions of registered agent.			

FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00

10.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE SCHWARTZ, DANIEL NAME STREET ADDRESS **672 EAST HALLANDALE BEACH BLVD** CITY-ST-ZIP HALLANDALE, FL 33009 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICERS AND DIRECTORS

U00000848834 03/20/08-80033-013 150.00

FILED

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE 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 frustee 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:

TITLE NAME STREET ADDRESS CITY-ST-7IP

> **BIGNATURE AND** PED OF PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

954.883.3700