2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 20, 2008 8:00 am Secretary of State

4/1

DOCUMENT # P07000011382 1. Entity Name DJ&K GROUP, INC.	04-17-2008 90015 009 ***150.00
Principal Place of Business 320 WEST PARK DRIVE 104 MIAMI, FL 33172 2. Principal Place of Business · No P.O. Box P.O. Sov. P.O. Box P.O. B	66011108 16284 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Suite, Apt. #, etc. Suite, Apt. #, etc.	04142008 Chg-P CR2E034 (12/06)
City State City State City State	1 4. FEI Number 0593672 Applied For Not Applicable
2ip 3153 Country 4 33153 Country 4 33153	5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent
CLAVERO, JORGE L	Nama - ,
320 WEST PARK DRIVÉ 104	Street Activess (P.O. Box Number is Not Appearable)
MIAMI, FL 33172	City 11 A M 1 FL Zip @ 303 153
the obligations of redistored agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signafus Appel of progress rame of registered agent and tale if applicable. (NOTE: Re.	Specinist Agent eignance required when reinstacting) OATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. % OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITTLE P : Delete NAME CLAVERO, JORGE L STREET ADDRESS 320 WEST PARK DRIVE, 104 CITY-ST-ZP MIAMI, FL 33172	TITLE HAME STRET ADDRESS 67.35W 16.1PC CITY-ST-ZIP M1491 1 33193.
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TITLE NAME STREET ADDRESS CITY-S1-7IP
TITLE Detate NAME SFREET ADDRESS CITY-ST-20P	TITLE Change Addition NAME STREET ADDRESS CITY-ST-2IP
THRE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Addition Addition STREET ADDRESS CITY- \$1-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-SI-ZIF
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 supplier tenth report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of utilisee 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 bit address, with all other like empowered.	
SIGNATURE: SIGNATURE AND TYPESTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OFFICER OR DIRECTOR ONLY	