


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90044 016 \*\*\*150.00

<b>DOCUMENT # P07000101277</b> 1. Entity Name <b>DJW CONSULTING AND INVESTMENTS, INC.</b>																																	
Principal Place of Business <b>801 N.E. 167TH STREET 2ND FLOOR NORTH MIAMI BEACH, FL 33162</b>			Mailing Address <b>801 N.E. 167TH STREET 2ND FLOOR NORTH MIAMI BEACH, FL 33162</b>																														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																															
4. FEI Number      Chg-P      CR2E034 (12/06)				Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>WEISSER, MICHAEL H 801 N.E. 167TH STREET 2ND FLOOR NORTH MIAMI BEACH, FL 33162</b>																													
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>WEISSER, DAVID J</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>801 N.E. 167TH STREET, 2ND FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH MIAMI BEACH, FL 33162</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	WEISSER, DAVID J	<input type="checkbox"/>	STREET ADDRESS	801 N.E. 167TH STREET, 2ND FLOOR		CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
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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.																																	
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-16-08      305-690-9212 <small>Date      Daytime Phone #</small>																													