

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90032 029 ***150.00



DOCUMENT # P93000062557

1. Entity Name
 DEJEM CORP.

Principal Place of Business
 6455-69 SW 128TH AVE
 MIAMI FL 33144
 US

Mailing Address
 3585 SW 128TH AVE
 MIAMI FL 33175



2. Principal Place of Business
 6455-69 SW 8TH ST
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State
 MIAMI FL

City & State

4. FEI Number
 65-0437853

Applied For
 Not Applicable

Zip
 33144 Country
 DADE

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUGO, EMILIO
 3585 SW 128TH AVE
 MIAMI FL 33175

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 *[Signature]*
Signature, typed or printed name of registered agent and firm if applicable

7-27-05
DATE

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LUGO, EMILIO	
STREET ADDRESS	3585 SW 128TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	LUGO, OLYMPIA	
STREET ADDRESS	3585 SW 128TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	LUGO, EMILIO	
STREET ADDRESS	3585 SW 128TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGO, Emilio	
STREET ADDRESS	3585 SW 128TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGO OLYMPIA	
STREET ADDRESS	3585 SW 128TH AVE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUGO EMILIO	
STREET ADDRESS	3585 SW 128TH AVE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-05 305-554-6529
Date Daytime Phone #