


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000068189 1. Entity Name D.J.H., INC.	
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Principal Place of Business 5390 NW 161 STREET MIAMI LAKES, FL 33014	Mailing Address P.O. BOX 4811 HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0441509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, HERMAN
 3850 HOLLYWOOD BLVD
 STE 204
 HOLLYWOOD, FL 33021

DO NOT WRITE 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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

04/06/07-80054-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TUCHKLAPER, MARVIN PO BOX 4811 MIAMI LAKES, FL 33014
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TITLE NAME 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, which other I am empowered.

SIGNATURE: *[Signature]* 3-28-07 305-620-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #