

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000038414

1. Entity Name
D.J. RESTAURANT CORP.



Principal Place of Business
6853 SW 18 ST S 115
BOCA RATON, FL 33433

Mailing Address
6853 SW 18 ST S 115
BOCA RATON, FL 33433



02162004

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0493984

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75

6. Name and Address of Current Registered Agent

HIMMEL, D
6969 W GALLE DEL PAZ
BOCA RATON, FL 33433

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPV
HIMMEL, DAVID
6969 W CALLE DEL PAZ
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AST
GOLDSTEIN, ROSETTE
7777 W. KENWAY PLACE
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/05/04-80042-020 300.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____