2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # P95000023 1. Entity Name D C & J, INC.	3204		04-14-2005 90115 024 ***150.00
Principal Place of Business 11001 NW 33RD ST MIAMI, FL 33172 US	Mailing Address 11001 NW 33RD ST MIAMI, FL 33172	US	
2. Principal Place of Business 3405 NW 113 CT.	3. Mailing Address 3405 NW	113 CT.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03222005 Chg-P CR2E034 (10/03)
City & State , FlokeDA	DULAL F	LOLION	4. FEI Number Applied For 65-0572326 Not Applicable
Zip33178 Country A	Zip 33178	Country A	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name -7	7. Name and Address of New Registered Agent
MENENDEZ, ANTONIO R		Street Address	IGE SMITH
150 WEST FLAGLER STREET MUSEUM TOWER, SUITE 2200-ARM		Street Agree	AP G Bex Number, is Not Acceptable)
MIAMI, FL 33130			
		CityDox	AL FL 33978
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	Engl J	OLGE SMIT	in President 4/12/05
Signature, typed or printed name of pegistered agent	and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME SMITH E JORGE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 9501 KERWOOD COURT CITY-ST-ZIP CORAL GABLES, FL 33156		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS ! CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		ÇITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
City-ST-ZiP		CITY-ST-ZIP	
MAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CONFEST ADDRESS		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with	n this filing does not quality fo		Section 119.07(3)(i), Florida Statutes, I further certify that the information
of the corporation or the receiver or trustee emp changed, or on an attachment with an address,	owered to execute this report with all other like empowered	t as required by Chapter 6	Section 119.07(3)(i), Florida Statutes, I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	-3//	TORGE SMIT	H 4/12/15 205-513-0444
SIGNATURE: SIGNATURE SIGNATURE OF SIGNANG OFFICER OR DIRECTOR Date Daystro Phone 8			