

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90276 040 \*\*\*150.00

**DOCUMENT # P95000058511**

1. Entity Name  
**D.L.J. INVESTMENTS, INC.**



Principal Place of Business  
**407 LINCOLN ROAD  
SUITE 502  
MIAMI BEACH, FL 33139**

Mailing Address  
**407 LINCOLN ROAD  
SUITE 502  
MIAMI BEACH, FL 33139**

**14010611**



2. Principal Place of Business  
**848 Brickell Ave**  
Suite, Apt. #, etc.  
**700**

3. Mailing Address  
**848 Brickell Ave**  
Suite, Apt. #, etc.  
**700**

04192005 Chg-P CR2E034 (10/03)

City & State  
**Miami FL 33131**  
Zip  
**33131** Country  
**USA**

City & State  
**Miami FL**  
Zip  
**33131** Country  
**USA**

4. FEI Number  
**65-0603516**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MURAI, WALD, BIONDO & MORENO, P.A.  
25 S.E. SECOND AVENUE  
SUITE 900  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**Murai Wald Biondo Moreno & Brochin P.A.**  
Street Address (F.O. Box Number is Not Acceptable)  
**Two Alhambra Plaza**  
**Penthouse 2B**  
**Coral Gables FL 33134**

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 **Rene V. Murai**  
Signature, typewritten name of registered agent and title if applicable

**Rene V. Murai**  
(NOTE: Registered Agent signature required when reinstating)

**4/28/05**  
DATE

**FILE NOW! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARDID, JOSE</b> <b>848 BRICKELL AVENUE, SUITE 1000</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INDIGO, ARDID</b> <b>848 BRICKELL AVE STE 1000</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORRES, ANGEL E</b> <b>407 LINCOLN RD, SUITE 502</b> <b>MIAMI BEACH, FL 33139</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARDID, JOSE</b> <b>848 BRICKELL AVE #700</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Inigo Ardid</b> <b>848 BRICKELL AVE #700</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jose Ardid**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/05** **305-377-6001**  
Date Date/Phone #