


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90067 046 ***150.00

DOCUMENT # P95000087142 1. Entity Name DMJI, INC.																													
Principal Place of Business 107 BRIER CIRCLE JUPITER FL 33458			Mailing Address 107 BRIER CIRCLE JUPITER FL 33458																										
2. Principal Place of Business 19028 S.E. Loxahatche River Rd JUPITER, FLA 33458		3. Mailing Address 19028 S.E. Loxahatche River Rd JUPITER, FLA 33458																											
City & State JUPITER, FLA		City & State JUPITER, FLA																											
Zip 33458		Country USA		Zip 33458																									
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6. Name and Address of Current Registered Agent IANIRO, JOSEPH 104 STONEBRIAR BLVD- JUPITER FL 33458			7. Name and Address of New Registered Agent IANIRO, JOSEPH 19028 S.E. Loxahatche River Rd JUPITER, FLA 33458																										
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 JOSEPH IANIRO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 4-12-2004																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>IANIRO, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>107 BRIER CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER FL 33458</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	IANIRO, JOSEPH		STREET ADDRESS	107 BRIER CIRCLE		CITY-ST-ZIP	JUPITER FL 33458		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>IANIRO, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19028 S.E. Loxahatche</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RIVER RD, JUPITER, FLA 33458</td> <td></td> </tr> </table>			TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	IANIRO, JOSEPH		STREET ADDRESS	19028 S.E. Loxahatche		CITY-ST-ZIP	RIVER RD, JUPITER, FLA 33458	
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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: **JOSEPH IANIRO** **4/12/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **561-875-7615**