2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2005 08:00 AM **DOCUMENT # P96000094423 Secretary of State** 1. Entity Name HEJJ ENTERPRISES, INC. Principal Place of Business Mailing Address 917 STATE ROAD 84 917 STATE ROAD 84 FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0706027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JACQUES, HERBERT E JR DO NOT WRITE 322 SOUTHWEST 20TH STREET FORT LAUDERDALE, FL 33315 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D NAME JACQUES, HERBERT F.JR. STREET ADDRESS 322 SOUTHWEST 20TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33315 U000000086265 n1721705-80049-014 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the end accurate and that pay 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 employed duto execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

PRINTED NAME OF SIGNING OFFI

E SACQUES

changed, or on an attachment with an

SIGNATURE:

FILED