


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000002367 1. Entity Name EJH ENTERPRISES, INC. |  |
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| Principal Place of Business 9700 TAVERNIER DRIVE BOCA RATON, FL 33496 | Mailing Address 9700 TAVERNIER DRIVE BOCA RATON, FL 33496 |
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

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| 4. FEJ Number 65-0720500 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HOLLANDER, JOEL 9700 TAVERNIER DRIVE BOCA RATON, FL 33496 |
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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.

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|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling)</small> | DATE _____ |
|--|------------|

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SEGAL-HOLLANDER, EDNA 9700 TAVERNIER DRIVE BOCA RATON, FL 33496 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOLLANDER, JOEL 9700 TAVERNIER DRIVE BOCA RATON, FL 33496 |
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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: <u>Edna Segal Hollander</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>8/9/04</u> <small>Date</small> | <small>Daytime Phone #</small> |
|--|--------------------------------------|--------------------------------|