

2007

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 043 ***150.00

DOCUMENT # P97000068526					
1. Entity Name O.J.F. Services, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2640 Hollywood Blvd. Suite, Apt. #, etc. Suite 117 City & State Hollywood, FL Zip 33020			3. Mailing Address 13727 S.W. 152nd St. Suite, Apt. #, etc. PMB 354 City & State Miami, FL Zip 33177-1106		
			4. FEI Number 65-0772445		Applied For Not Applicable
Country USA			Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name Fiol, Octavio J.		
			Street Address (P.O. Box Number is Not Acceptable) 2640 Hollywood Blvd.		
			Suite 117 City Hollywood FL Zip Code 33020		
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 _____ DATE 4-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Fiol, Octavio J. 2640 Hollywood Blvd., Suite 117 Hollywood, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Octavio J. Fiol 4-6-07 954-929-4215 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					