## **2005 FOR PROFIT CORPORATION**

## Apr 14, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P98000064466** 04-14-2005 90082 034 \*\*\*150.00 1. Entity Name D.J. WAREHOUSE, INC. Principal Place of Business Mailing Address 2788 WEST 74TH STREET 2788 WEST 74TH STREET HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 CR2E034 (10/03) Chq-P Applied For 4. FEI Number City & State City & State 65-0851864 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANTON, JOSE Street Address (P.O. Box Number is Not Acceptable) 2788 WEST 74TH STREET HIALEAH, FL 33016 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSTD Delete Change ☐ Addition TITLE TITLE DANTON, JOSE NAME NAME STREET ADDRESS 2788 WEST 74TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33016 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Change TITLE Delete

**FILED** 

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

0840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR