

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 023 ***150.00

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

DOCUMENT # P98000075692
1. Entity Name K.D.J. INVESTMENTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10749 SW 104th ST.</u>		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Miami Florida</u>		City & State	
Zip <u>33176</u>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>650868959</u>	Applied For <input type="checkbox"/> Not Applicable.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>VERNA JAMES</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>10749 SW 104th ST.</u>	
City <u>MIAMI</u>	FL Zip Code <u>33176</u>

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>RUDDY KAMIKA</u> <u>13950 SW 14th STREET</u> <u>Miami FL 33186</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>JOSEPH JAMES</u> <u>10749 SW 104th ST</u> <u>Miami FL 33176</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>LANCE WILLIAMS</u> <u>10749 SW 104th ST</u> <u>Miami FL 33176</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH JAMES Joseph James 04-28-02 305-595-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)