

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90197 038 ***158.75

DOCUMENT # P99000058935

1. Entity Name
DESJO, INC.



Principal Place of Business
5500 COLLINS AVENUE
#402
MIAMI BEACH, FL 33140

Mailing Address
5500 COLLINS AVENUE
#402
MIAMI BEACH, FL 33140

00000013



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0935548

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, GEORGE
5500 COLLINS AVENUE
MIAMI BEACH, FL 33140

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREEN, GEORGE
STREET ADDRESS	5500 COLLINS AVENUE suite 402
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	MARTINCAK, DANIEL
STREET ADDRESS	1550 NORTHVIEW DRIVE
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	DS
NAME	MARTINCAK, LAUREN G
STREET ADDRESS	1550 NORTHVIEW DRIVE
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:

George Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/05
Date

305-867-6571
Daytime Phone #