

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P99000088933	
1. Entity Name EJ HOLDINGS, INC.	

Principal Place of Business 16288 MIRA VISTA LA DELRAY BEACH FL 33446	Mailing Address 16288 MIRA VISTA LA DELRAY BEACH FL 33446
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

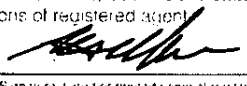
1st MOORE CR2E034 (10/07)

4. FEI Number 52-2198810	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WIENER, ELLIOTT M 16288 MIRA VISTA LA DELRAY BEACH FL 33446	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 3/12/08
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent's signature required when withdrawing.)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Delete	TITLE D	☐ Change ☐ Addition
NAME WIENER, ELLIOTT M		NAME WIENER, ELLIOTT M	
STREET ADDRESS 16288 MIRA VISTA LN		STREET ADDRESS 16288 MIRA VISTA LN	
CITY-ST-ZIP DELRAY BEACH FL 33446		CITY-ST-ZIP DELRAY BEACH FL 33446	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: 	ELLIOTT M. WIENER - PRESIDENT	DATE 3/12/08	Checking Fee 561-445-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			