

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004084

Entity Name: DSJ WEST, INC

**Current Principal Place of Business:**

2333 PONCE DE LEON BOULEVARD  
SUITE 700  
CORAL GABLES, FL 33134

**Current Mailing Address:**

6000 WINDWARD PARKWAY  
ALPHARETTA, GA 30005 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SENSING , J. STEVEN  
Address        6000 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

Title            SECRETARY  
Name            FATOVIC , ROBERT D.  
Address        6000 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

Title            TREASURER  
Name            SUSIK , W. DANIEL  
Address        6000 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

Title            ASSISTANT TREASURER  
Name            ESPINOZA , VERONICA S.  
Address        6000 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

Title            ASSISTANT TREASURER  
Name            KEYS , DEANNA  
Address        6000 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

Title            ASSISTANT SECRETARY  
Name            BEILIN , DAVID M.  
Address        6000 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

Title            MEMBER  
Name            PORT LOGISTICS GROUP, LLC  
Address        6000 WINDWARD PARKWAY  
City-State-Zip: ALPHARETTA GA 30005

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: ROBERT D. FATOVIC

SECRETARY, BY  
ANDREW GILBERT,  
ATTORNEY-IN-FACT

04/19/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date