

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90033 049 ***158.75

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DOCUMENT # P02000037473 1. Entity Name CRJ & ASSOCIATES, INC.					
Principal Place of Business 7220 N.W. 36TH STREET, SUITE 528 MIAMI, FL 33166			Mailing Address 7220 N.W. 36TH STREET, SUITE 528 MIAMI, FL 33166		
2. Principal Place of Business 7220 NW 36th Street		3. Mailing Address 7220 NW 36th Street			
Suite, Apt. #, etc. <div style="text-align: center;">Suite #408</div>		Suite, Apt. #, etc. <div style="text-align: center;">Suite #408</div>			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 65-0969527	
Zip 33166		Country Miami-Dade		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTIE, HARRY 7220 N.W. 36TH STREET, SUITE 528 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Christie, Harry Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center;">7220 NW 36th Street, Suite #408</div> City Miami, FL Zip Code 33166		
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 <u>Harry Christie, President</u> DATE <u>January 5, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHRISTIE, HARRY 11724 S.W. 103 LANE MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERMANIAN, MARC ANTHONY P.E. 10633 N.W. 62ND CT. PARKLAND, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerment.					
SIGNATURE: <u>Marc A. Fermanian, P.E.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			January 5, 2006		(786) 331-7370 Ext.25 <small>Daytime Phone #</small>