

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90032 002 ***150.00

DOCUMENT # P93000071556

1. Entity Name
CGCJ, INC.



Principal Place of Business
**515 N.E. 4TH STREET
 POMPANO BEACH, FL 33060**

Mailing Address
**515 NE 4TH ST
 POMPANO BEACH, FL 33060 US**

40044949



DO NOT WRITE IN THIS SPACE

03182007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**U.C.C. FILING & SEARCH SERVICES INC.
 1574 VILLAGE SQUARE BLVD
 SUITE 100
 TALLAHASSEE, FL 32309**

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 _____ DATE _____

Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGLETON-SIMON, JENNIFER 1800 E ATLANTIC BLVD POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERS, CYNTHIA S 20906 ENCANTO COURT BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLARK, GLENDA 515 N.E. 4TH STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETON, CHARLES G JR 1800 E ATLANTIC BLVD POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: Glenda Clark **3/18/07** **954-781-8436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #