


FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90056 029 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000095623	
1. Entity Name CJJ INVESTMENTS CORPORATION	

Principal Place of Business 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131	Mailing Address 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1152730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAEZ, PEDRO P
888 BRICKELL AVENUE
5TH FLOOR
MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2004 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	VPST DE MURGAS, MARIA VICTORIA 888 BRICKELL AVENUE, 5TH FL. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURGAS, CARLOS 888 BRICKELL COVE 5TH FL MIAMI, FL 33131
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(j), 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: Maria Victoria Murgas - Maria Victoria Murgas 02/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Phone #