

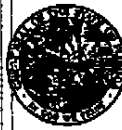
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1152730 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

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

**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 the if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE: VPST
NAME: DE MURGAS, MARIA VICTORIA
STREET ADDRESS: 888 BRICKELL AVENUE, 5TH FL.
CITY-ST-ZIP: MIAMI, FL 33131

TITLE: P
NAME: MURGAS, CARLOS
STREET ADDRESS: 888 BRICKELL COVE 5TH FL
CITY-ST-ZIP: MIAMI, FL 33131

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 exemption stated in Section 119.07(3)(i), 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 de Murgas*

15/02/05

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date Copying Photo