

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

04/25/2003 16:58 J053584277

05-05-2003 90363 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATE  
 UNIFORM BUSINESS REPORT (U**

<b>DOCUMENT #</b> PS8000095623		<b>1. Entity Name</b> CJJ INVESTMENTS CORPORATION	
<b>Principal Place of Business</b> 188 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131		<b>Mailing Address</b> 888 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SAEZ, PEDRO P 888 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> As Fee Required			
<b>4. FEI Number</b> 65-1152730			
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
<b>6. 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 the obligations of registered agent.</b>			
<b>SIGNATURES</b>			
Signature, typed or printed name of registered agent and date		DATE	
Signature, typed or printed name of registered agent and date		DATE	
FILE NUMBER FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 Make check payable to Florida Department of State		<b>2. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5</b> Ad Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS</b>	
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURGAS, CARLOS 888 BRICKELL COVE 5TH FL. MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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CHECK HERE IF MAKING CHANGES

**FL**

**12. I hereby certify that the information provided with this filing does not qualify for the exemption provided in Section 190.07(3)(f), Florida Statutes. I hereby certify the information on this report or supplemental report is true and accurate and that my registration shall be the same legal effect as if made under oath; that I am an officer or director of the corporation or other entity whose information is provided on this report and that I am not a registered agent or other person who is not an officer or director of the corporation or other entity whose information is provided on this report.**

*Maria Victoria de Murgas*

*Carlos Murgas*

APR 26 2003 11:21AM P1

FRX NO. :

FROM : OLEOFLORES LTDA