

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P03000008261

1. Entity Name

C.J. HASON ENTERPRISES, INC.



04-26-2004 91097 001 \*\*\*\*\*8.75  
04-26-2004 91097 002 \*\*\*150.00

Principal Place of Business

5621 WINSTON PARK BLVD. NORTH (APT.20)  
COCONUT CREEK FL 33073

Mailing Address

5621 WINSTON PARK BLVD. NORTH (APT.20)  
COCONUT CREEK FL 33073

66415363



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2336 S. EAST OCEAN BLVD.

3. Mailing Address

same

Suite, Apt. #, etc.

#317

Suite, Apt. #, etc.

City & State

STUART, FLA.

City & State

STUART, FLA.

4. FEI Number

05-0551265

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAUCEDO, JOSE

5621 WINSTON PARK BLVD. NORTH (APT.207)  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

3884 S.E. FAIRWAY EAST

City

STUART,

FL

Zip Code

34997

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: SAUCEDO, JOSE  
STREET ADDRESS: 5621 WINSTON PARK BLVD. NORTH (APT.207)  
CITY-ST-ZIP: COCONUT CREEK FL 33073

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT ☒ Change ☐ Addition  
NAME: SAUCEDO, JOSE  
STREET ADDRESS: 3884 S.E. FAIRWAY EAST  
CITY-ST-ZIP: STUART, FLA. 34997

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 772-220-8419  
Date Daytime Phone #