(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
(0)	.,. <u></u>	·· <i>,</i>
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
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185R 1 /12/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C.A. J ADVENTURES /NC. (Name of Corporation)
DOCUMENT NUMBER: F0900000001
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRIS GRAHAM (Name of Contact Person)
CAJ. ADVENTURES INC. (Firm/Company)
3053 STANTON AVE. (Address)
SPRING HILL FL. 34609 U.S. (City/State and Zip Code)
For further information concerning this matter, please call:
DAVID RADES at (706) 344-7528 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for the following amount:
S35.00 Filing Fee S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E127 (8/08)

P.O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 09 JAN 12 PM 3:33 SECRETARY OF STATE TALLAHASSEE. FLORIDA

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

(Note: Applicable only duli	ig the first calculat year of quantication)
1. The name of the foreign corporation as it a	ppears on the records of the Florida Department of State is:
C.A.J. ADV	ENTURES INC.
•	ness in Florida on 1-0 Z-2009 and its Florida document
number is <u>F09</u> 0000000	· '
	s of GEORGIA U.S.A.
	_
4. The name and address of each officer and/	
Title:	Name and Address
PRESIDENT	DAVID JORADES
	186 TOMAHAWK TRL
	MARTIN. GA, 30557
VICE PRESIDENT	CATHY RADES
	186 TOMAHAWK TRL
	MARTIN GA. 8055
1/ P. 6	
VICE PRES. OPERATIONS	CHRISTOPHER D. GRAHAM
	3053 STANTON AUC.
	SPRING HILL FL. 34609.
(Attach addition	onal pages if necessary)
1 Dela	DOECLOFAIT
gnature of an officer of director	PRESIDENT. Title of person signing
100-	
ped or printed name of person signing Mak	e checks payable to Florida Department of State and Mail to:
Div _	vision of Coporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)