



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90139 030 ***550.00

DOCUMENT # H71912 1. Entity Name C.J.F. KENRICK, INC.					
Principal Place of Business 6915 RED ROAD #211 CORAL GABLES, FL 33143			Mailing Address 6915 RED ROAD #211 CORAL GABLES, FL 33143		
2. Principal Place of Business 8770 Sunset Dr Suite, Apt. #, etc. #512 City & State MIAMI FL Zip 33173-3512		3. Mailing Address 8770 Sunset Dr Suite, Apt. #, etc. #512 City & State MIAMI FL Zip 33173-3512			
Country USA		Country USA		4. FEI Number 59-2563470	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VALENTI, JR. C 6915 RED ROAD SUITE 211 CORAL GABLES, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 Micanopy City MIAMI FL Zip Code 33133		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JAMES W. 6915 RED ROAD #211 CORAL GABLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	21259 JADE DR Rocky Point, MO 65072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALENTI, CHAS J. JR. 6915 RED ROAD #211 CORAL GABLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800 Micanopy MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTI, FRANK J. 6915 RED ROAD #211 CORAL GABLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	472 Bethany Ct Valley Park, MO 63088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE TCHON, ROBERT S. 6915 RED ROAD #211 CORAL GABLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14240 S.W. 7355 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ... or Block ... if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			CHARLES VALENTI, 7/12/06 (305) 205-9554		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day in the Month Year		