

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-17-2006 90139 031 ***550.00

40099270



07102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2699333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # J09417

1. Entity Name
C.J.F. GRAVOISE, 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

3. Mailing Address
8770 Sunset Dr

Suite, Apt. #, etc.
#512

Suite, Apt. #, etc.
#512

City & State
MIAMI FL

City & State
MIAMI, FL

Zip
33173-3512

Country
USA

Zip
33173-3512

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTI, JR. C
6915 RED RD
SUITE 211
CORAL GABLES, FL 33143

Name

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

1800 MICANOPY

City
MIAMI

FL

Zip Code
33133

I, 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

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
21259 SADE DR
ROCKY MOUNT, MO 65072 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VALENTI, CHAS J. JR.
6915 RED ROAD #211
CORAL GABLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1800 MICANOPY
MIAMI, FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VALENTI, FRANK J.
6915 RED ROAD #211
CORAL GABLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
472 BETHANY CT
VALLEY PARK, MO 63088 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DE TCHON, ROBERT S
6915 RED ROAD 211
CORAL GABLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14240 SW 73 ST
MIAMI, FL 33183 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

CHARLES VALENTI 7/12/06 (305) 205-9994

Date

Daytime Phone