


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90205 045 \*\*\*150.00

<b>DOCUMENT # J65580</b> 1. Entity Name <b>B &amp; J MANAGEMENT CORPORATION</b>	
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40001000



02082007 No Chg-P CR2E034 (11/05)

Principal Place of Business <b>1320 S. DIXIE HWY SUITE 940 CORAL GABLES, FL 33146</b>	Mailing Address <b>1320 S. DIXIE HWY SUITE 940 CORAL GABLES, FL 33146</b>
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2795340</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HERSKOWITZ, BERNARD 1320 S. DIXIE HWY., STE. 940 CORAL GABLES, FL 33146</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERSKOWITZ, BERNARD 1320 S. DIXIE HWY., #940 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERSKOWITZ, JEROME 1320 S. DIXIE HWY., #940 CORAL GABLES, FL
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IN THIS SPACE**

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: Bernard Herskowitz **APR 17 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #