

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90172 024 ****50.00

DOCUMENT # L04000046239

1. Entity Name
CHJ ENTERPRISES, LLC



Principal Place of Business

P.O. BOX 640363
MIAMI, FL 33164

Mailing Address

P.O. BOX 640363
MIAMI, FL 33164

DO NOT WRITE IN THIS SPACE



05012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JOSEPH, CASSANDRA
3251 SW 173RD TERRACE
MIRAMAR, FL 33029

**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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
JOSEPH, CASSANDRA
STREET ADDRESS
P.O. BOX 640363
CITY-ST-ZIP
MIAMI, FL 33164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/2007

Date

Daytime Phone #

258-1959