


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90028 036 \*\*\*150.00

<b>DOCUMENT # L08792</b> 1. Entity Name <b>CMMJ CORPORATION</b>					
Principal Place of Business <b>6588 W ATLANTIC AVE DELRAY BEACH, FL 33446-1617</b>			Mailing Address <b>6588 W ATLANTIC AVE DELRAY BEACH, FL 33446-1617</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>65-0136228</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PALEFSKY, JACK 6588 W ATLANTIC AVE DELRAY BEACH, FL</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>Corrine Palefsky</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PALEFSKY, JACK 6588 W ATLANTIC AVE DELRAY BCH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS PALEFSKY, CORRINE 6588 W ATLANTIC AVE DELRAY BCH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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, the empowered.					
SIGNATURE: <u><i>Corrine Palefsky</i></u> 1/23/06    561-9987776 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					