


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90233 001 \*\*\*150.00  
 05-19-2004 90233 002 \*\*\*400.00

**DOCUMENT # L34445**

1. Entity Name  
**C.J./TAMIAMI INVESTMENTS, INC.**



Principal Place of Business <b>700 BRICKELL AVENUE ATTN: N. HALULA MIAMI, FL 33131</b>	Mailing Address <b>700 BRICKELL AVENUE ATTN: N. HALULA MIAMI, FL 33131</b>
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**66422948**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**HALULA, NANCY  
700 BRICKELL AVENUE  
ATTN: N. HALULA  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Northern Trust Bank c/o Nancy Halula**  
 Street Address (P.O. Box Number is Not Acceptable)  
**700 Brickell Avenue**  
 City **Miami** FL Zip Code **33131**

4. FEI Number **65-0171444** Applied For  Not Applicable

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

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 *Nancy P. Halula* DATE **4.7.04**

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, 2004 Fee will be \$550.00**

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 WEISS, JAY 16295 NW 16 CT NORTH MIAMI BEACH, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCY HALULA c/o Northern Trust Bank 700 Brickell Avenue Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD HALULA, NANCY 700 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Zarie S. Jones c/o Northern Trust Bank 700 Brickell Avenue Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Nancy P. Halula, Pres & Director* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment 66422948

# L34445

**GOLDSTEIN, TANEN & TRENCH, P.A.**  
Law Offices

One Biscayne Tower • Suite 3700  
Two South Biscayne Boulevard  
**Miami, Florida 33131**  
Telephone (305) 374 - 3250  
Facsimile (305) 374 - 7632

Federal Express

May 17, 2004

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

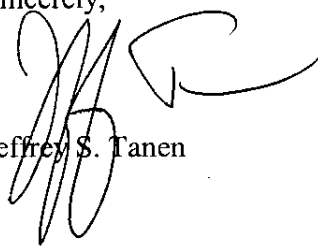
RE: CJ/Tamiami Investments, Inc.  
Our File No. 1343.14

Dear Sir or Madam:

Enclosed please find two checks totaling \$550.00 accompanying the Florida Corporation Annual Report for 2004 for the above corporation. Due to a filing mistake, these documents were placed in a file instead of being directly forwarded to your office. We would appreciate your considering waiving the \$400.00 late fee, but if that is rejected, it is enclosed so that this can be properly filed for this year.

Thank you for your consideration.

Sincerely,

  
Jeffrey S. Tanen

JST/mjb

Enclosures

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