


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90236 039 ***150.00

DOCUMENT # L34445
 1. Entity Name
C.J./TAMIAMI INVESTMENTS, INC.



Principal Place of Business
700 BRICKELL AVENUE
ATTN: N. HALULA
MIAMI, FL 33131

Mailing Address
700 BRICKELL AVENUE
ATTN: N. HALULA
MIAMI, FL 33131

14008613



2. Principal Place of Business
700 BRICKELL AVENUE
 Suite, Apt. #, etc.
ATTN: G. PORTER

3. Mailing Address
700 BRICKELL AVENUE
 Suite, Apt. #, etc.
ATTN: G. PORTER

02042005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33131 Country

Zip
33131 Country

4. FEI Number
65-0171444

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HALULA, NANCY
NORTHERN TRUST BANK
700 BRICKELL AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
DAVID LLEWELLYN
 Street Address (P.O. Box Number is Not Acceptable)
NORTHERN TRUST BANK
700 BRICKELL AVENUE
 City
MIAMI, FLORIDA **FL** Zip Code
33131

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 *David Llewellyn* **REGISTERED AGENT** DATE **4/28/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	TSD JONES, ZARIE S % NORTHERN TRUST BANK, 700 BRICKELL AVE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALULA, NANCY % NORTHERN TRUST BANK, 700 BRICKELL AVE MIAMI, FL 33131	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID LLEWELLYN C/O NORTHERN TRUST BANK, 700 BRICKELL AVE MIAMI, FLORIDA 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLENN PORTER C/O NORTHERN TRUST BANK, 700 BRICKELL AVE MIAMI, FLORIDA 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Glenn Porter* **SECRETARY** DATE **4/28/05** DAYTIME PHONE # **305-789-1181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR