


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90025 032 \*\*\*150.00

**DOCUMENT # M99651**  
 1. Entity Name  
 BJCE, INC.



Principal Place of Business  
 2200 HIGHLAND AVE  
 DELRAY BEACH, FL 33445 US

Mailing Address  
 2200 HIGHLAND AVE  
 DELRAY BEACH, FL 33445 US

**94041019**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 1300 Park of Commerce  
 Suite, Apt. #, etc.  
 Suite 272



01082004 Chg-P CR2E034 (10/03)

City & State  
 Delray Beach, FL

Zip  
 33445

Country  
 USA

4. FEI Number  
 65-0102581

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 DUBIN, BRAHM  
 1300 PARK OF COMMERCE  
 STE 272  
 DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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  Brahm Dubin, President DATE 3/29/04

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, 2004 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	DVT DUBIN, JEANNE C. 2200 HIGHLAND AVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DUBIN, BRAHM 2200 HIGHLAND AVE DELRAY BEACH, FL 33445	<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
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Park of Commerce, Suite 272	<input checked="" 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
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:  Brahm Dubin, President DATE 3/29/04 (561) 205-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #